RX
1
A53
v. 7
no. 6
Biological
& Medical
Serials

DUPLICATE

THE JOURNAL

OF THE

AMERICAN INSTITUTE

OF

HOMŒOPATHY

LIBRARY
UNIVERSITY OF TORONTO

DECEMBER, 1914

Vol. VII No. 6

STORAGE

PUBLISHED MONTHLY BY THE
AMERICAN INSTITUTE OF HOMŒOPATHY
917 Marshall Field Building
CHICAGO, ILL.

Subscription Rates: United States and Mexico, $2.00 a year in advance. Postal Union, $2.50 a year in advance. Single copy, 25 cents.

Entered as second-class matter at the post office at Chicago, Illinois.

LISTERINE

Listerine is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

It is a saturated solution of boric acid, reinforced by the antiseptic properties of ozoniferous oils.

After the volatile constituents have evaporated, a film of boric acid remains evenly distributed upon the surfaces to which Listerine has been applied.

There is no possibility of poisonous effect through the absorption of Listerine.

Listerine is unirritating, even when applied to the most delicate tissues; in its full strength it does not coagulate serum albumin.

For those purposes wherein a poisonous or corrosive disinfectant can not be safely employed, Listerine is the most acceptable antiseptic for a physician's prescription.

Listerine is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

In proper dilution, Listerine may be freely and continuously used without prejudicial effect either by injection or spray, in all the natural cavities of the body.

Administered internally, Listerine is promptly effective in arresting the excessive fermentation of contents of the stomach.

In the treatment of summer complaints of infants and children, Listerine is extensively prescribed in doses of 10 drops to teaspoonful.

In febrile conditions, nothing is comparable to Listerine as a mouth wash; two or three drachms to four ounces of water.

"The Inhibitory Action of Listerine," 128 pages descriptive of the antiseptic, may be had upon application to the manufacturers,

LAMBERT PHARMACAL COMPANY,

Locust and Twenty-first Streets **ST. LOUIS, MISSOURI**

THE JOURNAL OF THE American Institute of Homœopathy

PUBLISHED UNDER THE DIRECTION OF THE BOARD OF TRUSTEES

Journal Committee—John P. Sutherland, M. D., Chairman, 295 Commonwealth Ave., Boston.
Finance Committee—Charles E. Sawyer, M. D., Chairman, Marion, Ohio.
Editor—Sarah M. Hobson, M. D.
Business Manager—George B. Hoyt.
Chicago Office—917 Marshall Field Building—Telephone Randolph 677.

Contents for December, 1914

THE READINGS OF THE SPHYGMOMANOMETER FROM A CLINICAL STANDPOINT 679
Egbert Guernsey Rankin, M. A., M. D., New York.

IMMUNITY AND THE HOMŒOPATHIC LAW 688
W. H. Watters, M. D., Boston.

THE RELATION OF DRUGS TO IMMUNITY 697
S. B. Hooker, A. B., Ch. B., M. D., Boston.

SOME INTERESTING CASES OF RECTAL CANCER 725
Orlando R. Von Bonnewitz, M. D., New York.

IRREGULARITIES OF THE PULSE: THEIR RECOGNITION, SIGNIFICANCE AND TREATMENT 732
G. Harlan Wells, M. D., Philadelphia.

EDITORIAL 741

(Continued on page ii)

PRICE OF REPRINTS.

No. of pp.	100	500	1,000	No. of pp.	100	500	1,000
1 to 2	$1.25	$2.00	$3.00	9 to 12	7.00	8.50	10.75
3 to 4	2.50	3.25	4.50	12 to 16	9.00	11.00	13.50
5 to 8	4.50	5.50	7.50				

Orders for reprints should be attached to the manuscript.
Press work done by BOWMAN PUBLISHING CO., 526 Davis St., Evanston, Ill.

PHILLIPS' Phospho-Muriate of Quinine
COMP.

An Aromatic Syrup Containing Phosphoric Acid and Phosphates of Potash, Magnesia, Lime and Iron with Muriate of Quinine and Strychnine

A Reliable Tonic and Reconstructive
Free from Alcohol

Phillips' Digestible Cocoa
COMP.

Made from Fine Selected Beans of Cacao Theobroma

A Delicious Food Beverage
and Valuable Substitute for Tea or Coffee

"THE COCOA WITH A RICH CHOCOLATE FLAVOR"

Contents for December, 1914—Continued.

EDITORIAL

A Friendly Journal..... 741
A Timely Recognition..... 742
The Future of the Surgical and Gynecological Society..... 742
The Opportunity of the Individual Member..... 743
The Institute Membership..... 743
Homœopathic Practice in South America..... 745

ANNOUNCEMENTS

Meeting of the Board of Trustees..... 746
Application for Membership in the A. I. H..... 746
Representation Upon the Board of Governors, A. C. S..... 746
Binding the Journal..... 746

PORTLAND IN 1915..... 747

GENERAL NEWS..... 749

OBITUARIES..... 753

SOCIETY PROGRAMS..... 756

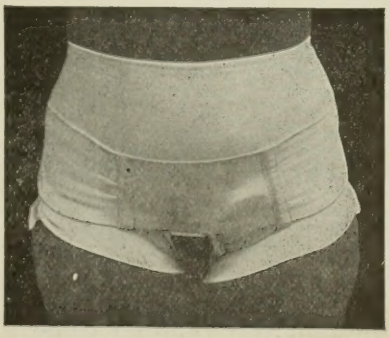
SURGICAL AND GYNECOLOGICAL SOCIETY—BUSINESS MINUTES..... 761

BOOK REVIEWS..... 765

CORRESPONDENCE—COMMENT ON PLACE OF MEETING..... 769

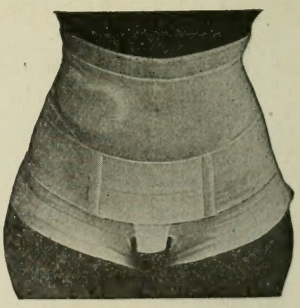
The Storm Binder and Abdominal Supporter
(Patented)

Modifications for Hernia, Relaxed Sacro-iliac Articulations, Floating Kidney, High Operations, Ptosis, Obesity, Pregnancy, Etc.



Inguinal Hernia Modification

Adapted to Use of Men, Women, Children and Babie



Special Kidney Belt

No whalebones, no rubber elastic—washable as underwear. Suitable for non-operative and post-operative cases. Comfortable for sofa and bed wear and athletic exercises. A practical relief for visceroptosis.

Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia only, within twenty-four hours.

KATHERINE L. STORM, M.D.
1541 Diamond Street, Philadelphia, Pa.

College of the New York Ophthalmic Hospital

Complete Seven Months Course in Diseases of the

EYE, EAR, NOSE AND THROAT

POST GRADUATE DEGREE: OCULI ET AURIS CHIRURGUS

Instruction by Lectures, Recitations and Clinics; covering Embryology, Bacteriology, Pathology, Practical Anatomy and Radiology

Material abundant, Lectures Illustrated by Lantern Slides, Models, Anatomical Specimens and Charts. Daily Clinics in all departments, students assisting. Vacancy in House Staff January and July.

SESSION OCTOBER FIRST TO MAY FIFTEENTH

For announcements address

CHARLES DEADY, M. D., Dean
2020 Broadway, New York

W. C. McKNIGHT, M. D., Sec'y
13 Central Park West, New York

Boston University School of Medicine

Begins its Forty-second Annual Session October 1st, 1914

Advanced and thorough methods of Instruction.

A broad and comprehensive curriculum, including homoeopathic materia medica and therapeutics. Unusually extensive laboratory and clinical facilities. A large proportion of the graduates of this School receive desirable hospital appointments.

DR. FRANK C. RICHARDSON,
Registrar,
80 East Concord St., Boston.
To whom all communications should be addressed.

DR. J. P. SUTHERLAND,
295 Commonwealth Ave., Boston.

THE NEW YORK MEDICAL COLLEGE *and* HOSPITAL *for* WOMEN

19 West 101st St. New York City

The only Homœopathic College open to women exclusively.

Begins its Fifty-second Annual Session September 23, 1914.

A system of didactic lectures is combined with the study from standard medical text-books.

Well equipped laboratories provide facilities for study of Anatomy, Chemistry, Physiology, Pathology and Bacteriology.

Clinical instruction at College. Hospital and Dispensary and at the Opthalmic, Laura Franklin and Metropolitan Hospitals.

CORNELIA C. BRANT, M. D.,
Dean,
91 Macon Street, Brooklyn.

GRACE IRENE HARPER, Ph. G.,
Secretary,
19 West 101st Street, New York.

MEDICAL COLLEGES

HOMŒOPATHIC COLLEGE OF THE OHIO STATE UNIVERSITY.....1914
Claude A. Burrett, M. D., Ohio State University, Columbus, O.
Administrative Officer.

HAHNEMANN MEDICAL COLLEGE OF KANSAS CITY UNIVERSITY.....1884
Moses T. Runnels, M. D., 12th and McGee Sts., Kansas City, Mo. Dean.

HAHNEMANN MEDICAL COLLEGE OF THE PACIFIC.....1882
James W. Ward, M. D., 391 Sutter St., San Francisco. Dean.

COLLEGE OF HOMŒOPATHIC MEDICINE, STATE UNIVERSITY OF IOWA....1887
George Royal, M. D., Des Moines, Ia. Dean.

HOMŒOPATHIC MEDICAL COLLEGE, UNIVERSITY OF MICHIGAN.....1875
W. B. Hinsdale, M. D., Ann Arbor, Mich. Dean.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.....1873
John P. Sutherland, M. D., 295 Commonwealth Ave., Boston. Dean.

NEW YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN.....1863
Cornelia C. Brant, M. D., 19 W. 101st St., New York. Dean.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND FLOWER HOSPITAL..1860
Royal S. Copeland, M. D., 58 Central Park West, New York. Dean.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.....1859
Joseph P. Cobb, M. D., 4649 Woodlawn Ave., Chicago. Dean.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF PHILADELPHIA.....1848
William A. Pearson, Race and Broad Sts., Philadelphia. Dean.

BOERICKE & TAFEL

Oldest and largest Homeopathic Pharmacy
Manufacturers, Importers and Publishers

BUSINESS ESTABLISHED IN 1835

Our tinctures like ACONITE, BELLADONNA, etc., are IMPORTED—made from the living plants. Our domestic tinctures, also, are made from the live plants, gathered by our own botanists. Our triturations receive four hours triturating for the 1x (1-10) and each x after receives two full hours. Our tablet triturates are made from these unexcelled triturations. We were the first to introduce the Schuessler or Tissue Remedies into this country and ours are the standard. A complete line of fine Leather Bags and Cases. All Physicians' Supplies. Book Catalogues and Physicians' Price List mailed on request and correspondence solicited.

Address BOERICKE & TAFEL.

Philadelphia, Pa., 1011 Arch Street
Chicago, Ill., 156 N. Wabash Avenue
Cincinnati, Ohio, 204 W. Fourth Street
New York, 145 Grand Street
Baltimore, Md., 326 N. Howard Street
Pittsburgh, Pa., 702 Penn Avenue

Glyco-Thymoline

Is indicated for all

Catarrhal Conditions

Nasal, Throat, Stomach Intestinal, Rectal and Utero-Vaginal Catarrh

Kress & Owen Co.

361-363 Pearl St., New York City

The Peculiar Advantage of the

Marvel "Whirling Spray" Syringe

is that **The Marvel,** by its Centrifugal action, **dilates and flushes** the vaginal passage with a volume of whirling fluid, which smooths out the folds and permits the injection to come in contact with its entire surface.

Prominent physicians and gynecologists everywhere recommend the MARVEL Syringe in cases of Leucorrhea, Vaginitis and other Vaginal diseases. It always gives satisfaction.

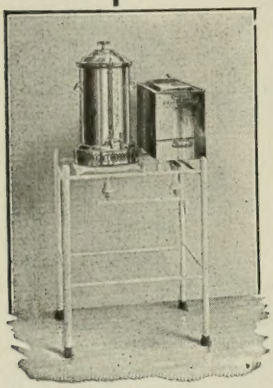
All Druggists and Dealers in Surgical Instruments sell it. For literature, address

Marvel Company
44 E. 23rd Street, NEW YORK

The Marvel Company was awarded the Gold Medal, Diploma and Certificate of Approbation by the Societe D'Hygiene de France, at Paris, Oct. 9, 1902.

Castle-Rochester Sterilizing Outfits

"SAFETY FIRST"



Your Patients—Are they protected against the infection that results from the use of unsterile dressings, instruments, and water?

In a little booklet on Sterilizing Technique we have recently published, there are detailed directions for sterilizing dressings, instruments, and water. These directions embody the latest methods approved by the most prominent operators. A copy of this booklet will be sent free on request.

Castle-Rochester Sterilizing Outfits adequately meet the requirements of an office or small hospital. They consist of two, three, or four Sterilizers, mounted in any desired combination. Every combination is made in three sizes. May be arranged for any form of heating.

Ask your dealer for circular and prices or write directly to us.

Wilmot Castle Company

MANUFACTURERS

STERILIZING AND BACTERIOLOGICAL APPARATUS

818 St. Paul Street **Rochester, N. Y.**

Campho-Phenique-Liquid

SUGGESTIONS IN TREATING

HEMORRHOIDS BOILS FELONS CARBUNCLES

Excellent results will follow its use in these cases:

HEMORRHOIDS:—In cases of hemorrhoids CAMPHO-PHENIQUE can be used with success by the hypodermic administration of three to five drops into each hemorrhoid. It has a tendency to abort and cleanse the wound of all foreign matter, and to aid the healing process.

FOR TREATING BOILS:—To abort boils or carbuncles apply CAMPHO-PHENIQUE (liquid) using plenty of absorbent cotton. When the wound is free from inflammation, apply CAMPHO-PHENIQUE (powder) as a finishing dressing. It has a tendency to stimulate the granulation of the tissues.

FELONS:—After splitting the felon use CAMPHO-PHENIQUE (liquid) and change the dressing as often as necessary. CAMPHO-PHENIQUE (powder) is also successfully used in these cases.

For Samples and Literature address

CAMPHO-PHENIQUE CO., St. Louis, Mo., U.S.A.

We give to physicians every opportunity to know definitely the composition of Mellin's Food.

We give to physicians every opportunity to know definitely the composition of all milk mixtures resulting from the

Mellin's Food Method of Milk Modification

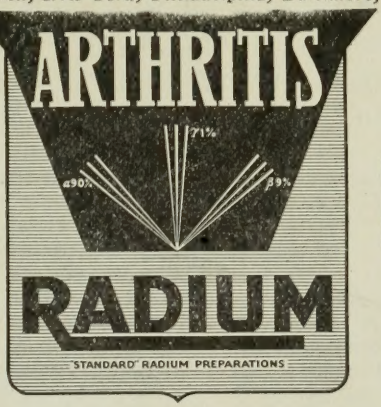
This information, so readily obtained, places the matter of "food mixtures" directly and completely in physicians' hands to advise and adjust as the needs of the individual infant dictate.

There is nothing obscure, there is nothing to surmise, in the use of this clearly defined method.

MELLIN'S FOOD COMPANY, BOSTON, MASS.

Representatives in: Boston, New York, Philadelphia, Baltimore, Minneapolis, St. Paul

"Standard" Radium preparations supplied under guarantee of a standardized Radium element content



Radium Chloride and Radium Sulphate (S.C.Co.) accepted by the Council on Pharmacy and Chemistry

"Prescription Dispensing Only"

Literature and Clinical Records on Request

Radium Chemical Company

General Offices and Laboratories:

Pittsburgh, Pa.

FOR YOUR

Convalescent Patients

Prescribe an ideal resting place. Even your most hurried New York business man will find Long Beach easy to get at—but hard to get away from.

Hotel Nassau

offers to your patients every convenience of the modern fireproof hotel—plus the quiet of the country and the delightful and invigorating air of the seashore.

Records in Washington show it cooler in summer and one to two degrees warmer in winter than some of the prominent all-year resorts farther South. Cleanest beach along the Atlantic Coast. Every room is an outside room and fitted with hot and cold, fresh and salt water baths.

Write for Booklet

Hotel Nassau

Long Beach, L. I.

40 Minutes from New York 400 Rooms

GET THIS BOOK--IT'S FREE

Every doctor who reads this journal should possess a copy of our great Price-List (1913-1914). This book is more than its name implies, a mere price-list; its size is 5x8; it is cloth bound in attractive library style and one department, alone, contains over 100 pages of clinical suggestions. There are some 400 pages in all. If you haven't received your copy better send for it now. It is free for the asking.

FOR EMERGENCIES

Doctor, you need a pocket case as a constant companion. On receipt of One Dollar in stamps, currency, check or money order, we will send you this black leather Medicine Case, as illustrated, containing more than 1,000 doses of the following active-principle granules which will be found invaluable.

Aconitine	Digitalin	Podophyllin
Calcium Sulphide	Glonoin	Strychnine
Calomel	Hyoscyamine Sulphate	Codeine

For Purity, Constant Accuracy and Uniformly Positive Action, you can always depend upon the Active Principles and other Pharmaceuticals, and the Biological Products of The Abbott Laboratories.

THE ABBOTT ALKALOIDAL COMPANY

[The Abbott Laboratories]
Ravenswood, CHICAGO

Seattle San Francisco Los Angeles New York Toronto Bombay

Address all replies to Chicago

YOU CAN GET RESULTS

just as easily and profitably by the use of OXYOLINE, as thousands of other physicians who are daily using it.

Physicians are the buyers of our OXYOLINE Apparatus. Our business has increased more than 900 per cent in three years.

How do you account for that increase?

OXYOLINE stands absolutely alone in its wide application and marked efficiency in the treatment of Blood Disorders, Nervous Derangements and Respiratory Diseases.

Will you allow us to send you literature and case reports?

A request will place in your hands, information which is interesting, and which can be turned to your profit.

WRITE TODAY

NEEL-ARMSTRONG CO.

257 E. Market St. AKRON, OHIO

SHERMAN'S BACTERINS

Preparations with a Record for **RELIABILITY** 40 Different Varieties

TYPHOID FEVER yields more readily to **TYPHOID VACCINE** than to any other remedy. When given early it often aborts the course of the disease

Write for literature. G. H. SHERMAN, M. D. DETROIT, MICH.

SANMETTO FOR GENITO-URINARY DISEASES.

A Vitalizing Tonic to the Reproductive System.

Specially Valuable in Prostatic Troubles of Old Men—Irritable Bladder—Cystitis—Urethritis—Pre-Senility.

SOOTHING — RELIEVING — RESTORING.

DOSE:—One Teaspoonful Four Times a Day. OD CHEM. CO., NEW YORK.

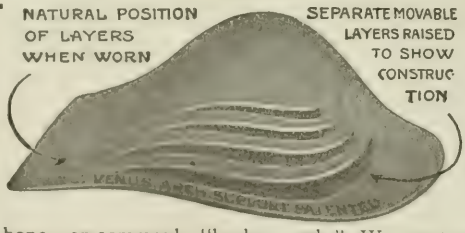
Beware of the so-called Elixir Compounds claiming to be "the same thing" or "just as good" if you do not wish to be disappointed.

NEURILLA FOR NERVE DISORDERS **NEURILLA**

If Patient suffers from **THE BLUES** (Nerve Exhaustion), Nervous Insomnia, Nervous Headache, Irritability or General Nervousness, give four times a day one teaspoonful **NEURILLA**

Prepared from Scutellaria Lateriflora, Passiflora Incarnata and Aromatics.

DAD CHEMICAL COMPANY, NEW YORK AND PARIS.



See This Support

Here is something in Arch Supports that is anatomically correct.

Daily you come in contact with cases of vague rheumatic pains—hardly rheumatism—yet elusive.

It's probably displacement of the tarsal bone—or commonly "broken arch." We want you to see this arch for yourself—try this out—and recommend it. Send for "The Joy of Perfect Understanding." Address room 906.

VENUS ARCH SUPPORT CO. = 305 No. Fifth Ave., Chicago, Ill.

CALIFORNIA COLLEGE PHYSICAL THERAPEUTICS. GEORGE STARR WHITE, M. D., Director

Practical, personal instruction given in up-to-date *Electrical* and other *Physical Therapeutics* as well as *Spondylotherapy* and the *Ionic Method of Diagnosis* as taught by Dr. Albert Abrams. Physicians may bring a patient for actual demonstration of these methods at no extra cost. Terms, etc., upon application.

GEORGE STARR WHITE, M. D., 327 South Alvarado St., Los Angeles, Calif.

A FOOD TONIC, POSSESSING THE BENEFICIAL PROPERTIES OF BLOOD SERUM AND RICH IN HEMOGLOBIN

BOVININE

Specially indicated in Anemic Conditions. Mal-Nutrition or Mal-Assimilation.
Convalescence. Gastric Disturbances, acute or chronic.
Diphtheria. Typhoid, Scarlet, and other Fevers.

Irritation or Ulceration of Intestinal Tract.
Consumption and all Wasting Diseases.
Cholera Infantum, and all Infantile Disorders.

Influenza, and Recovery therefrom. Diarrheic and Dysenteric Conditions.
The Puerperal State. Nursing Mothers.
Rectal Feeding, Topical Application, etc.

Write for Sample, also for one of our new Glass (sterilizable) Tongue Depressors.

THE BOVININE COMPANY
75 West Houston Street NEW YORK CITY

50% Better
PREVENTION DEFENSE
INDEMNITY

1. All claims or suits for alleged civil malpractice, error or mistake, for which our contract holder,
2. Or his estate is sued, whether the act or omission was his own
3. Or that of any other person (not necessarily an assistant or agent)
4. All such claims arising in suits involving the collection of professional fees.
5. All claims arising in autopsies, inquests and in the prescribing and handling of drugs and medicines.
6. Defense through the court of last resort and until all legal remedies are exhausted
7. Without limit as to amount expended.
8. You have a voice in the selection of local counsel.
9. If we lose, we pay to amount specified, in addition to the unlimited defense.
10. The only contract containing all the above features and which is protection per se.

A sample upon request

THE MEDICAL PROTECTIVE CO.
of Fort Wayne, Indiana
Professional Protection, Exclusively

Troublesome Skin Cases

should lead you to think of

Eczol Ointment

It is such an efficient aid we urge you to write for sample.

Smith's Homœopathic Pharmacy
Established 1844
317-323 East 34th Street, New York

DR. GIVENS' SANITARIUM

For the treatment of Nervous and Mental Diseases with a separate department for Drug and Alcoholic patients, is beautifully located on a hill overlooking Stamford and Long Island Sound at Stamford, Conn., and within fifty minutes of the Grand Central Station in New York City. The N. Y. and N. H. Road has Electric trains every hour.

Physicians will find this a well equipped Sanitarium conducted on strictly ethical lines.

Address **DR. AMOS J. GIVENS, Stamford, Conn.**

Call Phone 70 Stamford

STERILIZED AND FREE FROM BACTERIA

CROTALIN (B.&R.) IN AMPOULES

For Hypodermic Injections
IN TREATMENT OF EPILEPSY

Our preparation is prepared and put up under the personal supervision of Prof. Joseph H. Ball, Bacteriologist of the Flower Hospital of New York, and is free from all bacteria.

Write for Booklet giving Therapeutic and Clinical Reports, Preparations, Prices, etc., to

BOERICKE & RUNYON

14 WEST 38th STREET NEW YORK CITY

Branch—116 South 11th Street, Philadelphia, Pa.

THE JOURNAL
OF THE
American Institute of Homœopathy

Vol. VII DECEMBER 1914 No. 6

THE READINGS OF THE SPHYGMOMANOMETER FROM A CLINICAL STANDPOINT*

By Egbert Guernsey Rankin, M. A., M. D., New York

Discussion of the causal factors of blood pressure and the standard of the normal is not the intent of this effort, but rather the presentation of a personal experience in the use of the sphygmomanometer at the bedside, and deductions as to its practical value in diagnosis and treatment.

As blood pressure within the limits of what is generally called the normal standard may occur in association with recognized pathological changes, and likewise beyond the normal, without apparent abnormalities, the readings of the sphygmomanometer are sometimes at first glance confusing. The interpretation of blood pressure readings is in fact often a complex matter. There is too much of a tendency to estimate their significance by a set standard. Thus a recent writer says without qualification: "A blood pressure exceeding 150 in any subject indicates liability to apoplexy, and unless this condition is treated properly the subject is sure to go on to some serious physical complication, such as dangerous hemorrhages, thrombosis, embolism, or apoplexy." I not only dissent from this statement, but I regard it as dangerous and misleading.

It should be borne in mind that blood pressure is not subject to the laws of physics alone;—apparently subject to the same, it is only truly so up to a certain point, that point being the vasomotor system. A given temperature record conveys to the observer at once a certain definite idea, even in the absence of any accompanying data; but in the instance of a blood pres-

*Bureau of Clinical Medicine, A. I. H., June, 1914.

sure record, its significance is unappreciable without considerable additional detail.

When interpreting the readings of a given blood pressure record, taking into consideration the diastolic pressure as well as the systolic, together with the pulse pressure, apart from the great primal causal factors and obviously pathological conditions, there are two other factors which are clinically of equal importance, namely,—age, and the individual characteristics or features of each case. The first is generally well recognized, but perhaps not sufficiently emphasized. A systolic pressure, for instance, of 120, which suits a person of 25, in one of 55 points to myocardial weakness; in fact, pressures below 120 in persons of that age, should be regarded as suggesting pathological changes. Most of the cases observed by the writer of persons over fifty with low blood pressure,—that is, below 120—have had subjective symptoms when such pressures were persistent. Temporary low blood pressures may exist from general lowering of the system from any debilitating cause.

Cases of myocardial degeneration may be conveniently divided into two types,—namely, those of hyper- and those of hypo-tension,—the former, more frequently associated with evidences of arteriosclerosis and cardiac fibrosis; the latter, more frequently with fatty degeneration of the heart, and in the latter stages of cardiac degeneration due to arteriosclerosis. While it may be acknowledged that it is not always possible to diagnose the exact form of degeneration—especially as fatty and fibroid changes of the heart walls may be and often are associated—the knowledge of the blood pressure in such cases is obviously of great practical value. A systolic pressure of 120 and one of 200 or more in persons of middle life, with decided subjective symptoms, it is a platitude to state, require different methods of treatment; and with all due respect to the most skillfully trained fingertips, this differentiation can only be obtained with any degree of accuracy by means of a sphygmomanometer. Permit me to cite a few illustrative cases:

A case of cerebral embolism in a lady of 80 presents these features: The patient for some time past had had a systolic pressure of 190, but had not been under the care of the writer for nearly a year. One morning in June, she fell to the floor

unconscious. She was immediately placed in bed and was seen by the writer in half an hour. She was scarcely semi-conscious, but could swallow; no paralysis apparent; pupils negative. The systolic pressure was 240; diastolic, 135. There had previously been glycosuria at times, and a trace of albumin in the urine. The presence of the high pressure, in the opinion of the writer, enabled the diagnosis of embolism to be made more readily, likewise exclusion of cerebral hemorrhage. The radials were soft and entirely free from any arteriosclerotic changes, but the pulse was somewhat hard and tense. The patient regained consciousness in about six hours, and ultimately recovered, although at times her mind showed evidence of weakness. The blood pressure has continued from 198 systolic and 130 diastolic, to 168 systolic and 110 diastolic. Erythrol tetranitrate has been continuously administered to this patient for the past three months, the dose being increased and diminished according to indications. Potassium iodide was not tolerated.

A lady of 80 had had for several weeks previous to the writer's visit, what was apparently a mild cerebral embolic attack, followed by slight hemiplegia confined to the left lower extremity. There was an excessive degree of cardiac hypertrophy with mitral insufficiency and accentuation of the aortic second sound; radials hardened; pulse 90; systolic pressure 240; diastolic pressure 135; some dyspnea on moving; no edema ; urine negative except for slight trace of albumin. Mentality good, other than apprehension in regard to condition. Improvement followed the administration of sodium nitrite in 1½ grain doses three times daily. The systolic pressure fell to 185-195, with a corresponding fall in the diastolic pressure.

In such cases as these the utility of the pressure reading of the sphygmomanometer is obvious, and it is a matter of practical importance that the blood pressure should be taken at intervals and increase noted, with a view to the administration of remedial measures, one of the most important of which is the free clearing of the alimentary canal, as autointoxication will be found associated with many of these cases.

Last January, a gentleman of 75 years of age fell to the floor and was unable to rise. The writer saw him about twenty minutes later. The patient was fully conscious; pupils nega-

tive; mind very slightly dazed, but a few days later became decidedly more so for parts of a day at different intervals. There was slight loss of power on the left side, although motion was not lost. The pulse was 90, temperature 100°. Systolic pressure, 180; diastolic, 110. Urine, negative. Bronchial pneumonia developed during the course of the next two weeks, temperature 102.5-103°; prune-juice expectoration and involvement of the lower portion of the left lung. The systolic pressure then ranged from 125 to 130; and the diastolic from 80 to 85. On one occasion the systolic pressure rose somewhat suddenly to 160, and the diastolic to 110, with temperature of 100° and pulse 90, and there followed another attack of cerebral disturbance. The patient was dazed and did not know where he was. There was no paralysis; pupils negative. The fact that the cerebral symptoms in this case were accompanied by a rise of the systolic pressure to such a comparatively low point as 160, together with the 180 systolic register in the attack first mentioned, would seem to suggest that the cerebral vessels could not bear a greater amount of pressure. There was no hardening of the radials, but there was marked loss of memory and mental weakness,—in fact, the premonitory symptoms of cerebral softening.

Another case which illustrates the necessity of individualization is as follows: A man of 49, but with the appearance of a much greater age; specific history: heart, markedly hypertrophied and arhythmic; radials hardened and tortuous; kidneys negative; decided but not excessive edema of the ankles; dyspnea on exertion, with some præcordial distress. Systolic pressure, 200; diastolic pressure, 120. It was certainly natural to attempt, in a case of this nature, to lower the blood pressure, and accordingly sodium nitrite, in 2 grain doses, was administered three times a day, with the result of augmenting the patient's discomfort. Digitalis infusion, 1 dram with 1 drop of a 1 per cent solution of nitroglycerin, was substituted, with pleasing results. A fortnight later, the patient said he was very much better, and perfectly comfortable, although the systolic pressure was 198,—practically the same as before. This case of marked arteriosclerosis appears to be one demanding a high blood pressure, which it would have been very unadvisable to lower. The high blood pressure may be dangerous from other standpoints, but it is evident that the

heart called for it. One would perhaps have thought that with such subjective symptoms the heart was not any too strong and needed relief. It should be remembered that the heart calls for a certain amount of pressure against which to pump. Lessen that pressure too much or too rapidly,—the danger is apparent. While it cannot be said that the heart in this case is strong, it was evident that a high pressure was necessary in order for it to maintain the equilibrium of the circulation. The writer has observed this condition before, and regards it as teaching that the lowering of a long-maintained high systolic pressure should be attended with caution.

It is also unadvisable, and sometimes dangerous, to lower suddenly by vaso-motor dilators a temporary high blood pressure depending upon functional disturbances. This is illustrated by the following: Three years ago a physician, 55 years of age, in active practice, in good physical condition, heart and kidneys negative, radials soft, previous blood pressure 160 systolic, discovered one morning that his blood pressure was 180 systolic,—as he expressed himself, he was feeling "very fit" that morning, excepting for the high blood pressure. There were no subjective symptoms whatsoever, although there was a decided lithæmic tendency. He took, for the first time, a treatment of high frequency, 750 milliamperes for twenty minutes, after which the systolic fell to 150,—the diastolic was not taken then. On returning home, the sense of prostration and fatigue was so excessive that he was obliged to keep in a reclining posture until late in the afternoon. Subsequent applications of the high frequency were not attended with such fatigue. The treatment was continued for about three weeks and the systolic pressure was brought down at each application, returning to 160 systolic.

A few weeks ago, another physician in active practice, aged 56, told me very solemnly that his systolic pressure was 200 (I am quite sure he had interstitial nephritis in his mind, although he denied worrying about the condition very much). A few days ago, he came to consult me. I took the blood pressure and found the systolic to be 158 and the diastolic 105,—just what,—in my opinion,—it ought to be for a man of his years.

A woman of 55, with a mild interstitial nephritis of many years standing, complains of shortness of breath on exertion.

Her general appearance is that of good health. No cardiac murmur appreciable; accentuation of second aortic sounds; systole, feeble; systolic pressure, 120; diastolic, 98. Hypertrophy difficult to recognize on account of thickness of chest walls. Pulse soft and weak. Four days after the first observation, a blood pressure of 100 systolic, and 75 diastolic. Without a blood pressure instrument, it is the opinion of the writer, that it would have been impossible in a case of this nature to have told whether the systolic pressure was 100, or 130, or more. The diagnosis in this case,—in addition to the nephritis,—is myocardial degeneration,—the low systolic pressure being regarded as strongly corroborative. Obviously, again, the line of treatment was greatly assisted by the knowledge of the blood pressure.

It would not be difficult to continue citing cases of this nature, wherein the information obtained from the readings of the sphygmomanometer was a very positive factor in both the diagnosis and treatment, but let these suffice.

There are, on the other hand, conditions in which the blood pressure readings are not so readily interpreted, and sometimes they are apparently contradictory. For example, a man of forty-six with mitral insufficiency, hypertrophy, apex half an inch to the left of normal, both second sounds accentuated, compensation perfect, history of an alcoholic neuritis of the lower limbs with some atrophy, said that for years it had been his habit to take about twenty-five generous drinks of whiskey and about fifty cigarettes daily; there were no subjective symptoms. Urine showed trace of albumin. The systolic pressure was 135, and diastolic, 110. It is safe to assume that as this man appeared strong and in good health except for his alcoholic physiognomy, one should expect a high blood pressure, and it is almost certain that if such had been present the habits of the patient would have been regarded as the cause. Question: Was the patient's blood pressure much higher at some previous time? That is not known, as the blood pressure records only go back two years from the time of writing.

A woman of 82,—more,—has attacks of fainting, with sensation of impending death; some substernal oppression; pulse full and bounding,—sometimes as low as 48, sometimes as high as 68, occasionally intermittent; complains of times of numbness and coldness of extremities; heart sounds somewhat

muffled, but no murmur discernible; aortic second sound accentuated; systolic pressure, has been for the last three years 140-145; last readings were 155 systolic, 105 diastolic. This patient depends very largely upon the use of cardiac stimulants in small doses, namely strophanthus, nitroglycerin, and strychnin. Observe the so-called normal blood pressure, with decided subjective symptoms, which undoubtedly depend upon arteriosclerosis and myocardial degeneration. Compare this case with those previously mentioned, of the same age, with systolic pressures of 240, and with very decided evidences of arteriosclerosis,—one having also myocardial changes. I think that an explanation is a little difficult; probably a greater degree of cardiac hypertrophy may have something to do with the higher blood pressure.

A case of chronic parenchymatous nephritis with abundant albumin and casts, of five years' standing, aged 46, hemorrhage of the retina, has a blood pressure—systolic, of 140 to 160, also within the normal.

A woman of 69 has had feebly maintained compensation with mitral insufficiency and an excessive degree of hypertrophy for many years. In the latter part of last March edema of the lower extremities began to appear. Parenchymatous nephritis also developed. The kidneys, however, had shown for some time past some secondary involvement. The blood pressure at this time was 142 to 145 systolic, and 105 to 108 diastolic, being about the same as it had been for two years previous. Observe the failure of the tricuspid valve and the kidney complication, in comparison with the blood pressure. At the time of writing, namely (May 21, 1914), the systolic pressure had fallen to 117 systolic, 95 diastolic, with excessive increase of the edema, which now involved the abdominal walls, and increase of dyspnea.

In contrast with this case, a man of 65, with a mild interstitial nephritis of several years' standing, shows a systolic pressure of 145, and a diastolic of 108, without any subjective circulatory symptoms whatsoever.

It is claimed that the difference between cerebral hemorrhage and cerebral embolism depends partly on blood pressure,—low in the first instance, and high in the second. In the instance of hemorrhage, it is not conceivable that the mere fact of hemorrhage is the cause of a lowered blood pressure.

This, however, is explainable as due to shock. It is said that a systolic pressure of over 160 in a pregnant woman is suggestive of nephritic complications. The neurotic element, in cases of this nature, should be remembered. The neurotic element, in fact, must always be taken into consideration in blood pressure records. A nervous impression will cause the pressure to rise ten to twenty points. The application of the armature for a minute may also cause a rise of five points.

The writer's conclusions in regard to blood pressure readings, gathered from personal experience are: (1) To interpret the true significance of the readings of the sphygmomanometer, one must take into consideration the primary factors, viz., the heart, the kidneys, the urine,—the latter also apart from organic diseases of the kidneys,—for example, indicanuria;—the condition of the arterial wall, recalling that arteriosclerosis is often present in association with soft radials;—and the effects of neuroses. (2) That one reading is not conclusive; that wide variations are frequently observed in persons in apparent health, such cases being dependent upon neuroses and metabolism; that nephritis may be associated with a so-called normal pressure, and transitory high pressures may be observed in vigorous persons in apparent health. Vasomotor dilators should not be employed in such cases,—the treatment of which should be confined to correction of faulty metabolism and autointoxication, and in some instances amelioration of neurotic conditions. (3) High systolic pressures which are persistent, must be regarded as evidence of pathological change. Systolic pressures, persistently below 120 in persons in middle life, may generally likewise be so considered. (4) It is the opinion of the writer that many statements in regard to blood pressure are of a too positive nature, also that some are positively incorrect and misleading. Finally, notwithstanding a certain degree of apparent contradiction, the readings of the sphygmomanometer are a positive guide in diagnosis and treatment.

Alcoholic stimulants and tobacco are regarded by many as essential factors in the causation of arteriosclerosis. In excess, —undoubtedly; especially with susceptible individuals. In moderation,—not to any great extent. Here, again, one must individualize one's cases. We must bear in mind that total abstainers and non-smokers have arteriosclerosis. It may

perhaps be of interest to observe in this connection that certain of the mummies of Egypt show evidence of arteriosclerosis. The ancient Egyptians, as every one knows, had no tobacco, tea, or coffee; but they did have some very good wine, which the records tell us they often used to excess. They were, says the historian, "too much addicted to the pleasures of the table." In fact, it would seem that the quantity of the food is of as much importance in the causation of arteriosclerosis as the quality.

One Advantage of Homœopathic Therapeutics. The young homœopathic physician in a new location can find no surer and quicker way of establishing the nucleus of a future lucrative practice than by making a hit in treating the various children's diseases. The manner in which our remedies are prepared—their pleasant taste, etc.—appeal at once to the children. If the remedy used is effective, it also wins the parent, for you have combined pleasantness with results. . . . . People are looking for results. They want you to cure their sick friends or loved ones. If you do this, you will be considered up to date. If you fail, you will not be so considered no matter what new fangled method you may use.

I believe the *properly selected* homœopathic remedy will cure. It's up to us to be able to select it. . . . Some time ago a physician of the dominant school said to me: "Do you know, Doctor, I have 'discovered' a new remedy for croup? Recently I had a case to which I wanted to give ipecac to make the child vomit, but found only a few drops in my case vial. I put the amount in one-half glass water and gave teaspoonful doses at short intervals and to my surprise the child was promptly relieved." "Well," I said, "I am glad you have 'arrived.' You have been a long time on the way, but thank God you are here. The homœopaths made this same discovery 100 years ago and have been reaping the benefits ever since." . . . . No system of therapeutics will be successful unless combined with proper diet and hygiene, correct nursing and backed up by a physician who has good common horse sense.—*Blackburn, The Hahnemann Monthly, June, 1914.*

Arsenicum Iodide in Coryza. Ruring the past few months I have successfully employed arsenicum iodide in a number of cases of acute coryza with symptoms of hay fever type, but of less severity. The individual in whom it is a suitable remedy is generally of the nervous type.

One symptom which has not been mentioned, so far as I can discover, is great aggravation by sneezing. . . . . Following the recommendation of various authors, I have made considerable successful use of arsenicum iodide in tubercular patients having bronchitis with profuse, free expectoration of muco purulent material. These cases usually receive four or five doses of the 2x daily.—*Bishop, Pacific Coast Jour. of Hom., March, 1914.*

IMMUNITY AND THE HOMŒOPATHIC LAW*

By W. H. Watters, M. D., Boston

Four years ago it was my privilege to present to this Society a paper upon "A Pathologist's View of Homœopathy." In this an attempt was made to explain how one not particularly interested in drug therapy might consider the theoretical grounds of homœopathy in the light of modern medical research.

Since that period many more advances have been made in scientific medicine. It accordingly seems appropriate to review the field anew and ascertain if possible whether any of these later discoveries bear in any way upon your specialty of homœopathy in a confirmatory or in a contradictory manner.

As before stated homœopathy as a specialty is or has been characterized by five features:

1. The single remedy.
2. The proving of drugs.
3. The size of the dose.
4. The frequency of the repetition of the dose.
5. The law of cure.

Let us briefly examine each of these separately.

1. *The single remedy.* In drug therapy there is an undoubted continual trend away from polypharmacy of the olden days to more and more simple preparations. The belief is increasing that just as the more combinations are introduced into a prescription just so in proportion does our knowledge of the action of the resultant mixture decrease. It is comparatively easy to ascertain the action of one drug or possibly of certain definite and simple combinations, but when the number is multiplied and the combinations indefinitely varied, no human being can say exactly what the action will be. Will it be a mechanical mixture where each drug maintains its own properties and if so will these properties all properly interact, or will it be a chemical combination where all ingredients lose their own properties and a new substance is formed with new properties? Who can tell? The most modern form of polypharmacy introduced since the earlier paper was read is found in the "phylacogens" and "mixed vaccines." There is no reasonable doubt that in some instances their use has been followed by benefit. It is true, however, that the same or more benefit could have been secured by the properly selected

*Bureau of Homœopathy, A. I. H., 1914.

single vaccine without recourse to the old "shot-gun" methods. Not only do homœopathists decry such agencies, but the strongest opposition comes from the *Journal of the American Medical Association,* where their use is proclaimed, and correctly, to be unscientific and based upon no tenable foundation.

If homœopathy has done nothing further than to bring about this change, which it is practically universally admitted to have done, its existence has been justified.

2. *The proving of drugs.* Possibly if we spoke of the "testing" of drugs rather than the "proving" it might be more consistent with exact nomenclature and would certainly be more acceptable to outside physicians as well as more in accordance with modern verbiage. At the present time physicians of all schools unite in admitting the need of testing the action of drugs upon the living both in human and the lower animals. The extent to which the symptomatology is watched differentiates the various groups. Some watch and record organic lesions only; others include objective phenomena; others subjective ones, and still others note the most minute physical or mental change even to the condition of the wind, the weather or the stage of the moon. These are all quantitative differences, however. All unite in the basal idea, the need of drug study upon the well.

3. *The size of the dose.* In this the homœopath is no longer at variance with the remainder of the medical world. No longer is the finger of scorn pointed at the "infinitesimal dose" of the average homœopathist, for behold those who but recently sat in the seats of the scornful are using that same much-abused dosage and are even out-Heroding Herod. Witness a recent article by Dr. S. Solis Cohen, an eminent Philadelphia consultant upon "When and How to Use Tuberculin Preparations in Private Practice":

"The following was the author's modification of Latham's method: tuberculin residue (T. R.) with milk sugar, was given orally with skim milk, whey or beef juice. The initial dose, he said, was one one-millionth of a milligram (9X). Both subjective and objective symptoms of reaction were watched for. The dose was repeated once or twice weekly, according to result. It was gradually increased by increments of one one-millionth of a milligram to the reaction point, and then dropped one point lower, and so continued for some weeks. Later, a further increase was attempted, and if reaction was not shown, was proceeded in a similar gradual way. The arbitrary increment of one one-millionth of a milligram was maintained during this remittent progression until one ten-thousandth of a milligram had been reached. After that, the increment might be raised to one

one-hundred-thousandth of a milligram. Thus by successive stages a maximum dose was attained at a point determined for each individual by all the factors in the case, including the rapidity of the increase, character and intensity of reaction, and maintenance of tolerance, as well as the local and general signs of improvement.

"The treatment was continued with intermissions, for many months, and may be resumed, if necessary, from time to time over a period of years."

As a slight digression, bear in mind the minute doses thus employed. Note his opinion concerning the selection of cases.

"Selection of cases. In the majority of advanced cases, according to present knowledge, tuberculin was likely to be harmful. Experienced observers might employ it cautiously under conditions that seemed to call for its use, but others should avoid it, especially in cases showing a tendency to continuous fever, or in which there was, or had been recently, active softening. In the great bulk of early cases it was needless. Under proper treatment, medicinal as well as hygienic, recovery would take place without it.

"Its field of action was in the treatment of cases which (1) had not passed beyond the stage of infiltration and which (2) had shown a certain degree of improvement under proper food, fresh air, judicious rest and exercise, and other approved measures, including the right drugs, but in which (3) improvement became sluggish or ceased, or retrogression took place. The slight additional stimulus afforded by an appropriate tuberculin preparation administered at well chosen times, and in correct dosage, would often reawaken the defensive and restorative processes of the organism and be followed by complete recovery."

It is true that even these doses may appear massive to our friends who adhere to the higher potencies. Let not the low potentates deride such prematurely, but taking a lesson from the experiences of the dominant school, bear in mind that because a thing is contrary to general belief or present understanding does not of necessity mean that it is fallacious.

4. *Frequency of repetition of the dose.* The homœopathic principle is to repeat the dose when we think the action of the preceding one has begun to weaken or when we wish to obtain a cumulative action by frequently repeated minute doses. This ground is amply defended by and daily put into practice in the routine application of vaccine therapy. The attitude of the dominant school in this regard in treating chronic cases is well expressed in the article already referred to by Solis-Cohen, who repeats the oral administration of the drug once or twice a week and by Latham, who allows intervals of one, two, three or even four weeks to intervene.

5. *The law of cure.* This is the vital point. Is the phrase *similia similibus curentur* in accord with modern ideas? Undoubtedly the study of the action of vaccines has given us a better understanding of homœopathic principles than has any other one work. Bacterial vaccines, toxic matter of dead bacteria, vegetable toxins, drugs really, have been subjected to laboratory and clinical study during recent years to a most extensive degree. At present their action is quite accurately known. The typhoid toxin, for instance, when present in the body in abundance, is capable of producing a proliferation of endothelial cells in certain locations, which proliferation gives rise to a characteristic series of symptoms to which the name typhoid fever is given. A similar typhoid toxin in much smaller amount gives rise to opposing phenomena that prevent the activity of later infection from becoming effectual and so prevents the disease. This we call typhoid immunization. Again after the large amount of toxin has given rise to characteristic symptoms, a small amount then administered is often followed by a remarkable subsidence of such. The first toxin causing the disease had its origin in living bacteria. The second used in treatment was modified in the test tube and by heat, *similia* rather than *idem*. Similar facts might be adduced in other diseases, but time forbids. Another important action to consider here briefly is the action of x-ray.

Let anyone first make a list of the disturbances that overexposure to this may cause, such as eczema in its various forms, and all the varieties of skin lesions, even including cancer itself and other manifestations. Then let him compare his list with that for which the x-ray in short exposures is able to cure, not even excluding cancer. The similarity of the two columns will be striking to even the most hurried glance, and well illustrates our contention that a substance in large amount is able to cause the same or a similar condition to that for which it is curative when used in a less concentrated form. Similarly, certain exposures to sunlight act as aids to cure, particularly in tuberculosis. But over-exposure will produce aggravation. Such could also be said of foods, some stimulants and a number of other articles, or to express it concretely, small amounts are beneficial, larger ones deleterious.

Of particular interest are the reports of one of the British Cancer Research societies in regard to its work with radium. The report states that radium and other radioactive substances when properly exposed to plants, spores, etc., possessed the

power of stimulating all growth and activity if the exposure was brief, but when the period was lengthened showed exactly reverse powers, inhibiting growth and even producing death itself.

Several years ago, Wheeler in London, Burrett in Ann Arbor and the speaker in Boston, performed a series of experiments tending to demonstrate that certain drugs possess the power of increasing the degree of immunity against certain specific bacteria in a manner identical to that exerted by vaccine.

Later, Mellon of Ann Arbor claimed to have produced other evidence of body reaction to drugs similar to that produced by toxins. This had reference to the appearance of a positive Widal reaction following the administration of baptisia. This has recently been confirmed by Wright of London. Even more recently, Hooker, in Boston, has made extensive studies concerning the effect of drugs in producing immunity. The results of this work are to be presented to the Institute at this meeting and will, we believe, still further strengthen our position.

During the past year much work has been done by Wesselhoeft in Boston, in a study of the effect of quinin upon the malarial organism. While not as yet fully completed, his results tend to show that quinin acts not as a direct parasiticide (as we have heretofore thought to be the case) but by stimulating the natural resisting forces of the body to greater activity in a manner closely allied to immunization.

During the past five years, then, nothing has been brought forward to confute the idea that the basic idea of homœopathy is immunity, while much new evidence has been introduced to prove it. The same answer can still be given to the question, "What is Homœopathy?" Homœopathy is the term given to a distinct method of using medicinal agents, a method that is based upon sound theories, and one that is yearly becoming more demonstrable by exact science. It is perfectly consistent with known facts, and is probably merely a way of expressing the means employed in reaching the goal of all medicine, the production of immunity. Or in other words, the production of immunity is the name given to the end attained, homœopathy to the means of attaining it. This means, therefore, that the goal of all physicians is the same and the roads to it are very similar. In one, drugs are recognized as important (possibly by some, too important), in the other hygienic measures exclusively, drugs being practically discarded. Where lies the truth? As usual, somewhere between the two. In the past it is possible that some of our associates, in

their ardent and continuous study of the drug immunization, have lost sight of what we might call hygienic immunization. If such has been the case, it has been most unfortunate and unwise. It has been, I believe, very limited, however. In the future, bearing in mind the frequent opportunities for error in details in all human affairs, let us press onward with the sincere belief that from year to year as our knowledge increases, more clear understanding of the phenomena of cure will positively be ours and with it a more comprehensive interpretation of our motto, *Similia similibus curentur*.

Discussion

Claude A. Burrett, M. D., Columbus, Ohio: It seems unnecessary to discuss such a splendid dissertation on the subject as we have heard from Dr. Watters. It seems unnecessary to say anything more with reference to evidence that is constantly being put before us to demonstrate the similarity of the laws of immunization and the law of homœopathy. The progress in that direction, the evidence as to the explanation of the homœopathic law, has been streaming in so rapidly during the past ten years, that it has been difficult for us to keep pace with the progress. The failure on our part is that our teaching institutions will not prepare themselves sufficiently quickly with reference to getting the material together to teach the students, as will be necessary to take care of those people who will want to understand and be satisfied with what we really know about the law of cure. It is our feeling that this has been brought about largely by the fact that the experiments have come through the departments of bacteriology and pathology, rather than the department of materia medica, which has been the department of cure for the last one hundred years. I believe that will be overcome in our institutions of learning when the departments of materia medica in our colleges are taught by the laboratory method. When the prospective doctor begins materia medica, it should be in the sophomore year, in the laboratory, by some demonstration method. When we have developed such laboratories for the teaching of materia medica it can be done with a laboratory course as a basis, and out of it will come such work as we have never before experienced in our schools of medicine.

I want to emphasize what Dr. Watters has said with reference to repeating the dose. Dr. White, of London, has scientifically demonstrated that we do not have to give a dose every fifteen minutes, or every hour or once a day. The dose may be given once in two or three days, or once in a week. He has measured it by the opsonic index. It demonstrates when the dose has done its work and when it is time to give another. As long as the white blood corpuscles are able to continue their work in taking up bacteria, just so long as that process goes on, your patient does not need further medication. When that stops, then your patient does need another dose of medicine.

Now, clinically we do not have to take the opsonic index; there are certain clinical phases by which, if we know enough, we are able to tell whether the patient needs another dose of medicine.

There is one thing about the vaccines up to the present time that will have to be corrected, and that is the manner of their preparation. We cannot put an antiseptic into vaccines as a preservative and say we are giving the single remedy, or say that that particular vaccine is doing the work. When we can produce a method by which we can separate bacteria from the toxins and give the dose free from lysol or carbolic acid or its derivatives, then we shall be giving the single remedy.

Every step in therapeutic progress is a vindication of our principle. The last word with reference to work that has been done is the proving of baptisia. Dr. Mellon has shown in the laboratory that when baptisia is given, the typhoid bacilli do clump. That is pretty reasonable evidence that baptisia has an effect upon the blood serum. Some claim mistakes may have been made, but we hear that Dr. Wheeler, of London, has verified the findings in regard to phosphorus. That sort of work, and that sort of evidence multiplied year after year will demonstrate to the thinking world that the patient's internal resistance is increased by giving a remedy short of its physiological action. I believe that time will come. Just when, I do not know. Whether the homœopathic school will receive credit is, perhaps, not so vital a question. The important thing is that the human race will profit by the fact that a drug is effective short of its physiological action.

E. Petrie Hoyle, M. D., London, Eng.: Old Dr. Eckel, who used to lecture on diseases of children in San Francisco many years ago, declared it was the carbolic acid in the antitoxin that did all the work, and not the vaccine itself.

With regard to the demonstration that was alluded to so fully in this paper. As we said in our address, it has been repeatedly demonstrated. Dr. Burford introduced me to the Royal Society of Medicine and we put a rider on the power of colloidals. Of course they laughed at our potencies, but with the microscope we could see the ions of colloidal copper, appearing in that manner of which Hahnemann spoke—moving in most violent fashion. This is the way the solution is made. A sterile vessel, containing distilled water; hang a piece of bright copper in it a few minutes, and a current of electricity is passed through. I leave you to guess how much copper there was in there, and yet there were millions of these ions present. That solution, weak as it was, was a powerful bactericidal solution, guaranteed to kill bacteria in five minutes.

Guy B. Stearns, M. D., New York City: I have a few points in connection with this. One has to do with the mechanism that is represented in the vaccine. It reveals the mechanism by which homœopathy works, rather than the vaccine. Another point is the method of utilizing the vaccines. Usually, practically always, the vaccines are injected. Nature does not protect against things in-

jected that way. On the other hand, she gives protection against those taken into the mouth and absorbed by the mucous membrane. I have been following cases of gonorrhea of the chronic type, and I follow them up by treating entirely with remedies in the higher potencies, and at intervals as the symptoms seem to indicate. I will recite briefly one case—a sepia case. Following the first dose of sepia, there was an increase in the discharge, numerous gonococci in the epithelial cells, and extra cellular. As time went on, they diminished somewhat. A repetition of the remedy was made in four or five weeks, with another increase, and after four or five doses, the gonococci disappeared from the epithelial cells, then the extra cellular, and then a few Gram negative only were present. Then the prostate gland was reduced to two-thirds of its former size. This remedy was administered in the normal way—through the mucous membrane of the mouth. It seems to me that is the next step in our investigation of the use of vaccines. It seems to me the use of vaccines by injection or scarification is contrary to the natural method, the method which nature has provided for us.

Chas. Winfield Perkins, M. D., Rochester, N. Y.: I remember a little point that I heard this summer when I had the pleasure of meeting in Paris Dr. Nelson Vasconcellos of Rio Janeiro, Brazil. I had met Dr. Vasconcellos at the International Conference in Ghent, Belgium, in August, 1913. He told me he had made a number of experiments in regard to colloidal solutions and the higher potencies. He proved these experiments with the ultra microscope on higher potencies, dilutions and triturations that the constituency of the elements were the same as colloidal solutions of copper, arsenic and the different metals. There was slightly more division in the higher potencies than in the colloid solutions. The 200th potency was used. These experiments were also verified by Prof. Ancienn, a noted biologist.

Also while in Vienna last winter, I had the pleasure of listening to Professor Naumenn, assistant in the Von Pirquet clinic. He spoke of using a dose, 1/1,000,000 to 1/10,000 milligram in tuberculosis, but not in a mixed infection. He also said you must not use it in fever cases. Whenever there is an aggravation of the symptoms, discontinue the medicine, and give the medicine only once a week, or once in two weeks. In fact, his lecture was one of the best homœopathic lectures I have heard anywhere without using the term homœopathy.

Dr. Watters (closing the discussion): In connection with the question about the effect of vaccines containing antiseptics, will say in the use of tuberculin I have never used any antiseptic whatsoever, and I think Dr. Burrett has had extensive experience. The effects are not due to the antiseptic.

Concerning the comparison of the mechanism of the action of vaccines and that of drugs, I do not think that the mechanism is the same. I think, with Dr. Stearns, that the study of vaccines will show us—and I believe it has shown us—how drugs act. I do not think that the treatment by vaccines is strictly homœopathic, but I think

the benefit derived from that treatment is due to phenomena practically identical with those that follow the administration of the proper remedy.

Concerning what Dr. Perkins said about mixed infection. I never use tuberculin where there is fever over 99, or where there is mixed infection. The proper thing to do is to use a vaccine made from a secondary infection. Not many of us die of tuberculosis—we die of tuberculosis *as a secondary infection* in most cases. If we can bring the temperature down, then it would be safe to use tuberculin, because then we have controlled the secondary infection.

What Is the Cause of the Tragedy? Has the question been satisfactorily answered? I think not. Back of Bosnia's hatred, back of the regrettable and unjustifiable assassination, back of Servia's inability to satisfy irate and injured Austria, back of Russia's ostensibly friendly response to Servia's appeal, back of France's acceptance of Germany's challenge, and her declaration of loyalty to her ally, back of the invasion of Belgium, or in addition to all these things, influences have been at work which possibly have been more potent in precipitating the Armageddon than the causes enumerated. The attitude of the European nations of today, representing as they do the highest type of Western civilization, is like that of a group of different species of carnivorous animals, ready on the least provocation to spring at each other's throats; furtively watching the most insignificant movements of each other; wary, revengeful, distrustful. Such undesirable moral and mental qualities as envy, jealousy, malice, greed of territory and power, love of domination, arrogance and selfish ambition seem to predominate over humility, philanthropy, trustfulness, charity, kindness of thought and action, helpfulness and cöoperation and similar qualities and activities of mind and heart. By way of confirming these assertions let me refer you to a book entitled "Germany in the Next War," by General von Bernhardi, and make a few quotations from it. The book was published in 1911 as a propaganda in behalf of war, to educate the German people to the idea of war and the important duty of making financial sacrifices to increase armament and support a big army. It is a phenomenal piece of literature and should be read by every person who desires to form an intelligent opinion on the distressing situation of the world today.

General von Bernhardi discusses how to win back the working classes to the ideals of State and Country and teaches that his people "must not hold back in the hard struggle for the sovereignty of the world" (p. 79). He naively says that the political rivalry between the two yellow races (Japanese and Chinese) "must therefore be kept alive" and "thus enable European powers to retain their possessions in Asia"; and that the support of peace aspirations and congresses was simply for the purpose of gaining time and deceiving opponents. One is startled to read (p. 106) that "France must be so completely crushed that she can never again come across our path"; that "interference" with another state depends "not on international right, but solely on power and expediency" (p. 112). Such an author naturally claims that "safety lies only in offensive warfare" (p. 174) and that "military power is the strongest pillar of a nation's credit" (p. 264). The plan of campaign that is being fought out is foreshadowed in a remarkably prophetic manner in this wonderful book, and it would seem justifiable from the quotations made and from the book as a whole to assume that the doctrines and teachings advanced and supported by Bernhardi are far more responsible for the terrible holocaust now afflicting Europe than was the assassination of Archduke Ferdinand.—Dean Sutherland. Address to the Students, October, 1914. *N. E. Med. Gazette, Nov., 1914.*

THE RELATION OF DRUGS TO IMMUNITY*

With Special Reference to the Influence of Certain Drugs in Stimulating the Formation of Agglutinins and Complement-Binding Substances in the Human Body.

From the Pharmacological Laboratory of the Evans Memorial, Boston.

By S. B. Hooker, A. B., Ch. B., M. D., Boston, Mass.

We have long known that the human body is capable of establishing a tolerance for many chemical substances. It is but recently, however, that the explanation of this fact has been attempted by means of laboratory experiments, and there exist, even now, but comparatively few records of observations concerning this highly important question.

Faust[1] demonstrated that the morphin addict develops an increased capacity to destroy the drug. Whereas about 70 per cent. of the amount of a single injection could be recovered through the usual channels of excretion, after tolerance had been established to doses lethal to the unaccustomed subject no morphin whatever may appear in the excretions. Analysis of the organs of a tolerant animal showed only very small amounts of the alkaloid; hence the logical conclusion is that the organism had acquired the power to destroy far greater quantities of morphin than it originally possessed.†

Dixon and Lee[4], from their experiments on rabbits to determine tolerance to nicotin, state that clear evidence of a definite tolerance was obtained in 80 per cent. of the animals, and the facts elicited point strongly to the conclusion that the destruction of nicotin is brought about by a ferment. Clark[5], after studying the destruction of alkaloids by the body tissues, concludes that in the rabbit and in the frog, both natural and acquired tolerance of atropin depend probably upon an increased power to destroy the drug, and possibly upon increased rapidity of excretion as well. The power of the liver to destroy atropin is due to a soluble body resembling a ferment in its action. It is worthy of note that none of the tissues investigated in the cat, the rat and the dog had any power to destroy atropin.

As a result of administering repeated and gradually increasing doses of so simple a substance as sodium citrate, Robertson and

*Read before the Bureau of Homœopathy at the Seventieth Annual Session of the American Institute of Homœopathy, Atlantic City, June, 1914.

†It must be stated that the organism also develops a greatly diminished cellular sensitiveness to the action of morphin[3].

Burnett[6] found that rabbits acquire such a pronounced degree of tolerance for the drug that a dose which normally causes extremely severe symptoms of intoxication, or even death, causes either very slight or else no symptoms of intoxication.*

These references† are cited to give a definite experimental basis for the fact that animals may become habituated to poisonous drugs. From the clinical standpoint I will mention only arsenic, tobacco, cocain, cathartics, morphin and other hypnotics, as drugs to which the human body is capable of developing a resistance.

Details of the mechanisms by which tolerance is secured probably differ somewhat according to the agents used, just as immunity to *B. tetani* is predominantly antitoxic in character, whereas for protection against the pneumococcus the body relies chiefly upon its opsonins, and phagocytosis[7]. As therapeutists, our interest should center in the question whether or not drugs provoke in the human organism the development of substances protective against disease. At the outset of my experimental work I postulated that, excepting the very few parasiticidal remedies, *all drugs, if they have a curative effect upon medically curable diseases, have that effect by virtue of their properties of stimulating cell protoplasm to higher functional resistance.* Otherwise stated, drugs have no primary curative action *per se;* their efficiency lies in the excitation of protoplasm which they produce, and the consequent liberation of those reactions which in turn arouse defensive processes for the disposal of noxious material. This postulate, when exalted to modern immunological terminology, at once suggests the question: is it possible that drugs may serve as antigens?

An antigen is defined as a substance, which, when introduced into the body, usually by the parenteral route, gives rise to the formation of antibodies more or less specifically related to the identical antigen used. It is logically assumed that for a reaction to take place there must be chemical fixation of the antigen by the body cells. Bacteria and bacterial extracts, erythrocytes, serum, milk, etc., are familiar examples of antigens.

It has been stated by advanced students and workers in serology that most inorganic or organic substances with definite chemical structure are not antigens, because their introduction into the body is not followed by the formation of antagonistic substances in the body[8], for it is claimed that they are not taken up by the

*The fact that some poisons, alcohol, for example, are rendered innocuous by oxidation or reduced by chemical reactions of varying degrees of complexity, is not an argument against antibody formation, for who shall say that this very oxidation or reduction is not the true and simple expression of the antigen-antibody reaction?

†Numerous other references are given by Dixon[4] and Lee, and Clark[5]

body in consequence of a special chemical affinity, but merely in virtue of the existence of physical influences. Simon[9], dominated by Ehrlich, writes that chemical interaction between true antigen and cell receptor (protoplasm) takes place because the bodies in question are structurally closely allied to the foodstuffs.*

Although respecting deeply the master minds in this science, I believe that there is current in the matter of obeisance to eminent authorities in immunology a deal of antiquarian idolatry, and in view of the following largely experiential evidence which I have assembled, I have ventured, I think with justification, to dispute this dictum concerning the lack of antigenous properties in drugs.

The well-known experiments with ricin, abrin, crotin, phallin and extracts of pollen[10], need only be mentioned as conclusive examples that these phytoalbumoses can cause the elaboration of various antibodies. In a recent communication[11], Ford and Rockwood cite confirmatory experiments showing that the subcutaneous introduction of graduated doses of *aqueous* extracts of *Amanita phalloides* into animals causes the production of an antiserum with antitoxic and marked antihæmolytic properties. Wheeler[12] and Neatby[12], of London, state that phosphorus increases the human opsonic index to the tubercle bacillus; Watters[12], of Boston, and Burrett[13], of Ann Arbor, claim that calcium sulphid and echinacea enhance opsonic activity toward staphylococci. Wesselhœft[13], of Boston, has demonstrated that quinin does not show *in vitro* a sufficiently rapid parasiticidal action against malarial plasmodia to explain its efficacy *in vivo,* and the strong probability is that quinin in malaria acts by stimulating the body cells to produce their own protective substances, antitoxins and parasitolysins. Mellon[14], of Ann Arbor, cites experiments which indicate that baptisia influences favorably the production of antityphoid agglutinins. He also states that he has been successful in raising the opsonic index to pneumococci by administering veratrum viride to human subjects. This work on agglutinins has been partially confirmed by Wheeler[15].

Krohl[15] expresses the belief that mercury, which he administers subcutaneously in the form of the benzoate, raises the resistance of the body toward many streptococci, and is prophylactic against erysipelas, scarlet fever, puerperal fever, etc. He attributes the effect to its sterilizing action. However, this assump-

*If this *theory* be considered essential, it is profitable to recall that one most reasonable *theory* of the toxic action of arsenic, is that this element having identical valencies and falling in the same periodic group with phosphorus, replaces the phosphorus in the nucleo-proteids. This would be a positive example of a drug being bound by cell protoplasm.

tion seems questionable when we consider that his dose of .01 gm., even if distributed *only* in the blood, would be in a resultant dilution of 1: 500,000, and then largely in the form of the feebly toxic mercury albuminate.

The action of several drugs upon phagocytosis has been reviewed by Arkin[16]. He finds that those drugs (chloral, morphin, ether, etc.), which have an inhibitory action upon oxidative processes, all depress phagocytosis. Contrarily, mercuric and other chlorids, colloidal metals, strychnin, arsenic *et alias,* stimulate phagocytosis *in vitro et in vivo.* The drugs may interact with the specific antibody, or may stimulate the formation of more antibody. Yamanouchi[17] recently published his work on phagocytic stimulation with "mycolysin," sodium nucleinate and colloidal silver. His results indicate that these substances have no direct action upon bacteria, but that they do increase the opsonic properties of the serum, and stimulate both phagocytosis and leukocytosis. The highest coefficients were obtained with mycolysin.

Lake, Osborne and Wells[18], in addition to an account of their own work on hordein and gliadin, give numerous references to observations on biological reactions with extracts of vegetable substances, similar to the tinctures of many drugs, showing that such extracts are capable of acting as antigens which will react with, and incite the formation of, antibodies demonstrable by precipitin, conglutination, complement fixation and anaphylaxis reactions. Ballner[19] reports that pea antiserum showed marked specificity, reacting with pea extract in 1:40,000 dilution, and with lentil extract only in dilution of 1:50. Wendelstadt and Fellner[20] also found that simple saline extracts of peas and beans gave positive reactions of measurable degrees of specificity. Antiserum for extracts of *Vicia faba* reacted with similar extracts of *Vicia sativa* and *Pisum sativum,* but not with *Phaseolus vulgaris* or *Phaseolus multiflorus.* The reactions were predominantly stronger with homologous than heterologous extracts. Lusini[21] reports the production of specific precipitins for *Digitalis purpurea.**

*The investigators cited above, Lake, Osborne and Wells, claim to have confirmed the observations of Magnus[22]. "Magnus used extracts of plant tissues, and found by carefully conducted precipitin tests that *the degree of immunization determines the range of reaction.* For example, when an animal is immunized but a short time with extracts of the seeds of one of the cereals, it yields a serum which precipitates only the extract of the same species; later in the course of immunization, precipitins appear for extracts of closely related species, and progressively a wider and wider list of cereals reacts, until finally precipitates are obtained with all the *Gramineae.* Nevertheless, even with this extreme degree of immunity, the serum gave no reaction with extracts derived from plants not belonging to the *Gramineae.*" These observations should be of extreme significance in connection with the study of drug-immunization.

Along lines of slightly more intimate connection with my subject, Silvestri[23] states that he has encountered a number of cases in which anaphylaxis must be assumed in order to explain the disturbances resulting from the taking of certain drugs, among which are atropin, iodin, iodoform, phenol, pyramidon, morphin, strychnin and mercury. In his opinion, true anaphylaxis and idiosyncrasy to drugs are of the same nature. In each case the sensitizing material finds already present in the organism some substance with which it unites to form a rapidly acting and highly virulent toxin. Richet[24] observed that dogs chloroformed for the first time never present leukocytosis, either then or afterward. About three weeks afterward, following a second chloroform anæsthesia, they exhibited a marked leukocytosis. Richet is of the opinion that this anaphylactic phenomenon is due to the albumins produced by the action of the chloroform upon the liver and kidneys, rather than to the drug itself. This hypothesis may be the key to the explanation of various drug-idiosyncrasies. Dethleffsen[25] reports a case which exhibited anaphylactic phenomena following injections of fibrolysin—a double compound of sodium salicylate and allyl sulpho-carbamid. These reports on anaphylaxis are strictly germane in their general scope to the question of the possibility that drugs may produce antibodies or protective substances, for since the work of Abderhalden on "protective ferments" and of Vaughan on "antiferments," the theory that anaphylaxis depends upon a specific ferment, developing as the result of the parenteral introduction into the body of a foreign protein, has gained wide acceptance. Hence, if drugs are capable of inducing anaphylactic phenomena, either directly or indirectly, it is logical to presume that they are capable of inducing the elaboration of "ferments" or "antibodies." The hypothesis that, for production of antiferments, the material *must* enter the body by the parenteral route* is rendered untenable by the experiments of Uhlenhuth[26], Michaelis and Oppenheimer[27], who found that precipitins were formed following repeated introductions of egg-white or serum into the *stomachs* of rabbits[28].

Vaughan[58], having done an immense amount of work upon the protein poison, has elaborated this conception of ferment action in its relation to disease. Briefly, he concludes that bacteria are able to maintain themselves in the body by virtue of their

*In this connection the investigations of Solis-Cohen[29] on the efficacy of tuberculin when administered orally have a prominent bearing. Also Runnels[30] has experimented with the use of vaccines by mouth, and an extensive bibliography on "Autotherapy" is given by Duncan[31].

ability to split up and feed upon the animal proteins, while the body protects itself by virtue of its ability to accomplish parenteral digestion of the bacteria. Thus is a large part of Ehrlich's theory condensed into the familiar term—proteolytic cleavage. The practical bearing is that cells can be trained to pour out a special ferment to digest a specific body. To admit this probability and then to deny the equally logical assumption that a similar process is concerned with the parenteral disposal of the animal and vegetable proteins found in tinctures, or of the albuminates which most salts and metals form, would seem highly inconsistent.

In a recent article, Perkins[32] states that an animal rendered tolerant of morphin is capable of withstanding a supralethal dose of codein or heroin, and that the serum of the immune animal is capable of protecting a normal animal, when given immediately subsequent to a lethal dose of the drug. Unfortunately his statements concerning experiments savor overmuch of ambiguity to allow of unreserved acceptance, and he makes no reference to the contrary findings of Morgenroth[46], as cited by Arrhenius[47].

From the results of his experimental work Weisbach[48] logically infers that salvarsan can exercise an influence not only upon the functions of the treponemata, but also upon the functions of the body cells and fluids of the host.

Fenyvessy and Freund[49] established by their researches that the intravenous injection of calcium chloride is followed by an increase in the complement titre of the serum, although this same salt possesses an anticomplementary action *in vitro*.

Finally, mention must be made of the conclusions of that prolific author, Sajous[34], that "certain alteratives can cause the blood to become bacteriolytic and antitoxic by provoking the formation and accumulation therein of more or less antitoxin."

Without further multiplication of examples, we may, I think, admit the rationality of the presumption that *inasmuch as toleration or immunity may be established to drugs as well as to bacterial toxins, and inasmuch as the phases of these immunizations exhibit such patent similitude in each case, it is probable that the fundamental biochemical phenomena may be of closely related natures.*

The foregoing review of the literature has been made with the purpose of showing that my dubiety regarding the prevailing quasi-authoritative conception of antigenous substances is not altogether unfounded. Moreover, merely that we have not yet

found antibodies to those drugs to which the body can establish tolerance, is wholly insufficient evidence of their non-existence. I think it likely that failure to find such antibodies is attributable to lapse of experimentation in testing for their presence only in relation to the identical antigen used; whereas I have thought it more practicable, and capable of subserving two ends, to make tests with distinctly separate antigens, *viz.:* certain bacteria and certain drugs, which are, however, reasonably homologous and specific when we parallel their respective pathogeneses.

LABORATORY RESEARCH

The experimental work which I shall now recount has been conducted by me during the past year. The focal point of my laboratory investigation has been the ascertainment of the influence of drugs in stimulating the human organism to elaborate substances protective against disease—*the problem which I estimate to be unequivocally the most important of the many which confront the internists of today.* The infectious diseases have been the chief objects of investigation, not necessarily that they are of greater importance, but rather for the reason that their pathology and therapy are more susceptible of laboratory demonstration. Briefly, the method of procedure has been as follows: to groups of human subjects have been administered for certain periods, small but gradually increasing doses of drugs. At intervals, from each individual a specimen of blood has been taken, and qualitative as well as quantitative studies made in regard to the presence of agglutinins and complement-fixing bodies in the blood-serum. Rigid control tests have been imposed and doubtful results have been discarded, so that the work should have at least the merit of conclusiveness within its limited scope.

Subjects. The subjects—thirty-two in number, of which twenty-three were males—upon which experiments have been carried out, were volunteers, students from Boston University School of Medicine and interns from the Massachusetts Homœopathic Hospital. Histories, with special reference to the possibility of previous typhoidal or dysenteric attacks or of prophylactic inoculations, were taken, physical examinations and urinalyses made on most of the subjects, in order to obtain such as fall within "normal" limits as regards health. They were on the ordinary mixed diet. The faithful and intelligent coöperation of these men and women has alone made this investigation possible, and it is a pleasure here to express my genuine appreciation of their services.

Drugs. The inorganic chemicals used, phosphoric acid, arsenous anhydrid and mercuric chlorid, were secured in the pure state from E. Merck & Co., and prepared under the personal supervision of Dr. J. Wilkinson Clapp, of the firm, Otis Clapp & Sons. The preparation of the tablets, which were used for the convenience of the subjects, was carried out with scrupulous care, in order to secure exactitude and uniformity in the matter of dosage. The same firm imported tinctures of bryonia and cantharis from C. Gruner, Leipsic; and obtained the tinctures of baptisia and hyoscyamus from Squibb & Co.

Bacteria. Cultures of *B. typhosus, B. coli communis, B. alpha* and *beta paratyphosus,* and *B. dysenteriæ,* Flexner and Shiga types, were obtained from Dr. C. A. E. Winslow, of the American Museum of Natural History, New York. That I might be doubly assured of the purity of these, and of other cultures provided by Parke, Davis & Co., several series of confirmatory fermentation tests were carried out for purposes of verification during the period of research.

For use in agglutination tests the bacteria were subcultured daily. Eighteen to twenty-two-hour growths on agar slants were washed off with sterile 0.85 per cent. saline, and the emulsions filtered through sterile, hardened, fine mesh filter paper—in a specially devised apparatus which conveniently permitted daily sterilization by steam—in order to secure an emulsion free from clumps. That homogeneity of the bacterial suspensions was essential for each series of tests is obvious, and this technic was adopted because of that necessity. The suspensions were diluted to a uniform turbidity each day, comparison being made with the suspensions used on the previous day.*

The antigens used in the complement fixation reactions were prepared by shaking thick saline emulsions, of forty-eight hour growths, in a mechanical shaker for ten hours. After heating for two hours at 60 degrees C., the resulting stock antigens were kept in sterile containers at 8 degrees C., without the addition of any preservative. Although some autolysis undoubtedly took place, the antigenic properties were apparently unaffected. The antigenic dose of the hexavalent typhoid preparation was found to be 0.2 ccm. of a 1:50 dilution; of the bivalent "Flexner" and "Shiga"

*A uniform concentration of the bacterial suspension is a positive desideratum when it is necessary to observe the quantitative relationship existing between the mass of bacteria to be agglutinated and the agglutinating power of the serum. At first, I attempted the very accurate method of standardization of the suspension by actual count in the hæmocytometer chamber, but I found this procedure to be altogether too time-consuming.

antigens, which were made up separately, the antigenic dose of each specimen was 0.2 ccm. of a 1:10 dilution. None of the preparations was anticomplementary or hæmolytic in amounts of 2 ccm. or less. These antigenic and anticomplementary values were ascertained by the use of serum from rabbits immunized by repeated injections of the same strains of the bacteria used as antigens.

Serum. Owing to the natural aversion of the subjects toward repeated puncture of the forearm veins, blood was taken from the lobe of the ear. The specimen was usually taken shortly before lunch, in order to avoid the occasional anticomplementary action of the serum, thought by some to be attendant upon the liberation of chyle into the circulation, which occurs for some time after the ingestion of food. Each subject was cautioned that the use of alcohol[35] is likely to be followed by the disappearance of antibodies from the blood, and I believe that no error arose from this possible source. The blood was collected in sterile glass capsules, centrifugalized, and serum dilutions made up for the agglutination reactions. When used for complement fixation tests, the serum in each instance was heated at 55 degrees C. for thirty minutes, to destroy the native complement and to obviate the action of the nonspecific, proteotropic, anticomplementary substances described by Noguchi[36]. The usual controls, including positive and negative sera, were set up with every series of tests. In the work upon the agglutinins, the serum was examined on three occasions prior to the administration of the drugs, and upon two occasions in the complement fixation series. This was done in order to obtain the average normal titre of the serum, for we know that there may be a daily or even hourly fluctuation of the antibody content of the blood[37]. It was because of the limited time which my subjects had at their disposal that more preliminary control tests were not done.

Agglutination Reactions. Tests for the presence of agglutinins were made by means of the hanging drop method.* In an effort to record my observations in a convenient, systematic and accurate way, I devised a series of formulæ to represent the varying degrees of agglutination. I am surprised that such a method of denotation is not in general use in connection with a reaction

*The advantage of the macroscopic (test tube) over the microscopic (hanging drop) method seems to be that "it is used in the best laboratories." Its disadvantages are that it requires more serum, the apparatus is far more bulky, it is more difficult to estimate the rapidity and the grades of agglutination, and examination for motility necessitates an additional microscopic preparation. I have used it only as an added control test.

of such a quantitative nature. Although arbitrary in itself, it is surely equivalent or superior in accuracy and ease of application to the "estimations" of small traces of albumin in the urine, or of the varying degrees of positivity of the Wassermann reaction. Naturally, the personal element is a factor in this method of tabulation, but the average error of one person making observations from day to day should be practically negligible, and with the exception of four specimens of serum, I have made all of the observations personally, therefore adherence to this system is perfectly legitimate. The gradations depend, of course, upon the size and number of the clumps. The presence of two or three very small clumps of four to eight bacilli in a field in which the magnification is 460, if seen with reasonable regularity in at least six different fields, constitutes a "very slight tendency toward agglutination"—"V. S. T. A." Complete agglutination is designated as "A++," and the four grades between, as "a slight tendency," "tendency," "agglutination," (A), and "A+." The coefficients which I have used in the numerical evaluation of the results run as follows: 1, 2, 4, 6, 8, and 10; 10 representing complete agglutination. By recording observations in conformity with this schema, one may be assured that results obtained at the end of a serial experiment will be consistently comparable with the results of control tests obtained at the beginning. It is patent that comparableness of results is the prime essential in this research work.

The degree of agglutination at the end of twenty-four hours has been the criterion deemed most expedient for recording the results of each reaction.* The other bacilli, which are closely related to the *B. typhosus,* have been studied in order to determine the degree of specificity, both qualitative and quantitative, of the agglutinins produced.

The following composite protocols and charts are compiled from the results of more than four thousand observations upon two thousand four hundred and forty-eight separate hanging drop preparations which I have set up. Several hundred confirmatory microscopic tests, and about two hundred tests upon the sera of normal persons have also been carried to completion.

Serological workers are fairly well agreed that agglutinins are probably not true antibodies in the strict sense of bearing a directly inimical relation to the antigen. Therefore, although their presence in the serum usually does indicate heightened resistance

*At the inception of these experiments I made observations at set intervals, but the stress of other obligatory work rendered the pursuance of that plan impossible.

through the agency of other antibodies, the presence of agglutinins does not mean greater resistivity in virtue of themselves. Furthermore, it has been conclusively demonstrated that agglutinins and bactericidins in antityphoid sera do not always run parallel courses. In a series of subjects observed to ascertain the

Group Subject 1:2-4 Drug

Amount of Drug .1 cc 0 0 0 .05 .8 2. 8. 20. 0 0 0 Average

Daily (Arsenic) mgm. 0 0 3 .0001 .013 .13 0 0 0

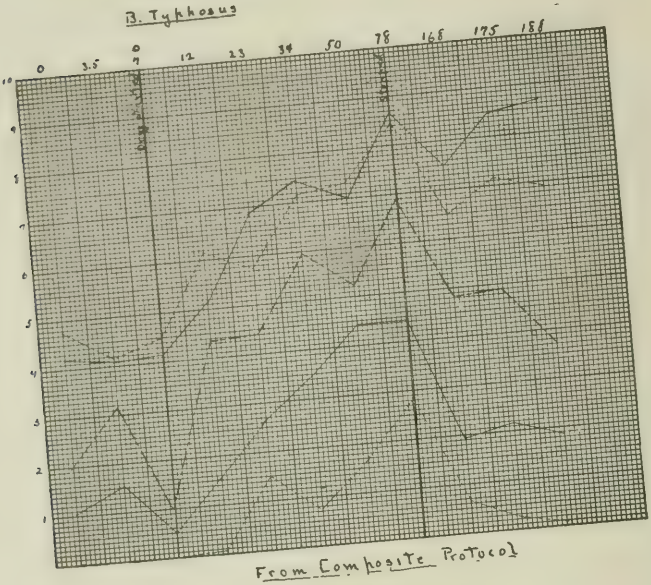
Interval in days 0 3.5 7 19. 30 41 57 85 175 182 195

Dilution Bacillus of Serum

| | | |

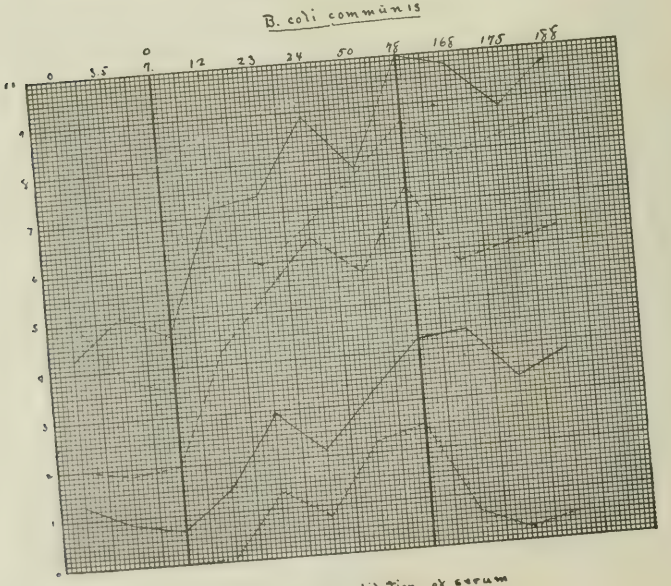
From Composite Protocol

B. Typhosus



From Composite Protocol

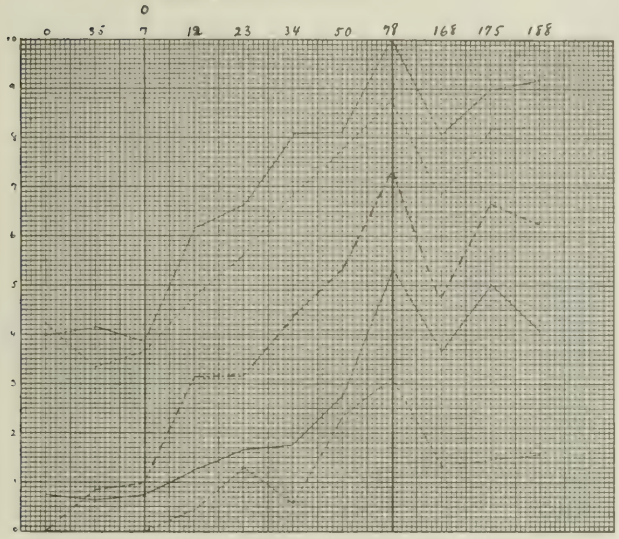
B. coli communis



——— = 1:7.5 dilution of serum
- - - - - = 1:15.
— · — · — = 1:30.
——— = 1:60
——— = 1:120

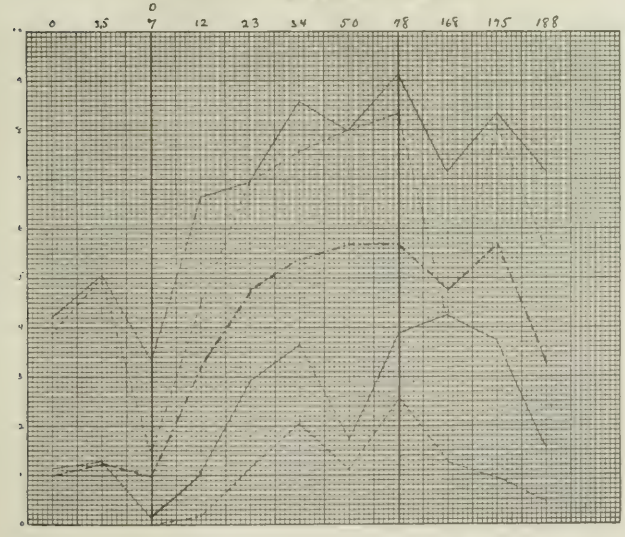
From Composite Protocol

B. α paratyphosus



From Composite Protocol.

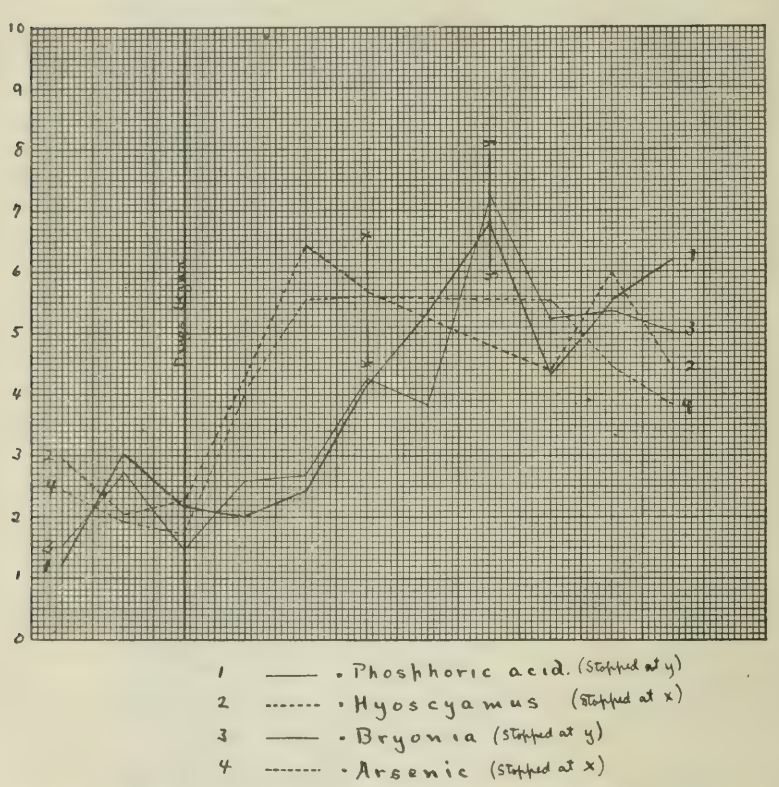
B 3 paratyphosus



Abscissa = Number of days.
Ordinate = Degree of agglutination

——— = 1:75 dilution of serum.
- - - - - = 1 15 " " "
— — — = 1 30 " " "
——— = 1 60 " " "
- - - - - = 1 150 " " "

blood, it follows, that in judging whether or not a given serum is immune to the typhoid bacillus, tests for bacteriolysins or bactericidins* are of the greatest importance. For this reason, then, I arranged another series of fresh subjects in order to demonstrate that drugs may possibly stimulate the body to produce specific bacteriolysins, and thus afford a definite basis for asserting that drugs are undeniably of service as immunizing agents. The complement fixation method was chosen because it is definitely quali-



tative, although perhaps not giving such delicately quantitative results, as does the more complex plating method of Stern and Korte[39]. Of the subject's serum .1 ccm. was used, and the usual

*For the sake of clarity of comprehension it may be well to suggest the probability that the bacteriolysins or bactericidins may be of a nature similar to that of the "antiferments" of Vaughan. Indeed there is much evidence in support of the hypothesis that the different precipitin, agglutinin, complement fixation and anaphylaxis reactions are but merely different methods of demonstrating the presence of one and the same specific immune body. However, observations have been made which are not in strict accord with this simple interpretation, so that it cannot be considered as established.

technic was followed, except that *two* units of complement were used in each instance, as well as two units of hæmolytic amboceptor. The excess of complement obviates the error arising from the non-specific absorption of complement by many *normal* sera. Moreover, it is not universally recognized that complement depreciates in strength even during the comparatively brief incubation of the reacting solutions at 37 degrees C. Thus, if exactly one unit of complement is used, and this deteriorates during the incubation periods, there will of necessity be some inhibition of

Subjects	Drug	Antigen	Controls IV-9	IV-13	IV-21	V-1	V-8	V-16	V-21	V-25	VI-2	VI-11	Remarks
1	Baptisia	Typhoid	0	0	0	0	1	2	2		0	0	No symptoms
2			0	0	0								Stopped drug after two doses. Malaise & diarrhoea.
3			0	0	0	0							Stopped drug after ten doses. Diarrhoea.
4	Bryonia	Typhoid	0	0	2	1	1	1			0	0	No symptoms. Had received antityphoid inoculation March, 1914.
5			0	0	1	0	0						Stopped drug May 1. Headache and insomnia.
6			0	0	1	0							Stopped drug April 25. Abdominal uneasiness.
7	Mercuric chlorid	Dysentery (Flexner)	0	0	2	1	3	3	3	2	2		No symptoms. Autogenous S.P.A. vaccine for furunculosis May 20.
8			0	0	2	1	3	2					Vomited first dose of 0.1 gr. Stopped May 10.
9			0	0	1	0		1					No symptoms. Stopped May 2.
10	Arsenic	Dysentery (Flexner)	0	0	0	0	1	2	1	1			No symptoms. Stopped May 23. Ivy poisoning May 18.
11			0	0	2	0	3						No symptoms. Stopped May 6.
12	Cantharis	Dysentery (Shiga)	0	0	2	1	3	3	2		1	0	No symptoms. Stopped May 16.
13			0	0	0								No symptoms. Stopped April 20.
14			0	0	1								Positive Wassermann reaction from first. Stopped April 20. Nausea from 1st dose.
15			0	0	1	0	1	2	3		1		Stopped May 6. Abdominal discomfort. Trace albumin.
16	Iodoc		0	0	2	2	2	3	3		2	0	Stopped May 4. Vomiting in morning.
17		Dysentery (Shiga)	0	0	1	0							Stopped April 24. Vomiting and diarrhoea.
18			0	0	0	1	2						Stopped May 3. Vomiting and diarrhoea.

0 = Complete haemolysis
1 = More than 50 %
2 = Less than 50 %
3 = Complete inhibition of haemolysis

Heavy line indicates approximately when drug was stopped.

hæmolysis, even though no true deviation of complement may have occurred. Contrarily, with a slight excess of complement, such as probably is the case when two units are used, there may be complete hæmolysis, even though there has been a slight degree of complement fixation. Such a serum test would be called negative, even though there might be a measurable amount of specific amboceptor present. However, in this series, the experimental error lies on the safe side, in that each reading was presumably lower than was the actual serum content of bacteriolytic ambo-

ceptor. In the sera of subjects 7, 8 and 12 there was found a natural antisheep hæmolysin. We may presume that the antibody content was still further underestimated because of this disturbing factor, since I did not allow the hæmolytic amboceptor to act upon the sheep's erythrocytes prior to the second stage of the reaction. Abstracts from the protocols of my experiments with the complement fixation test are given on the following pages.

Subjects	Drugs	DOSAGE TABLE					
		Apr.13-20	Apr.21-May 1	May 1-8	May 8-15	May 15-23	23-27
1	Baptisia	1.ccm	10 cc	14 cc	20 cc	20 cc May15 30 cc " 22	
2	"	1.5 ccm in 1½ days					
3	"	1 ccm					
4	Bryonia	1 ccm	10 cc	16 cc	30 cc on May 15		
5	"	1 ccm	10 cc				
6	"	1 ccm	1 cc till Apr. 25				
7	Mercuric chlorid	0.002 gr.	0.02 gr.	0.08 gr.	0.2 gr	0.2 gr till May 21	.1 gr May 22,24,26,27
8	"	0.002 gr.	0.02 gr.	0.02 gr.	0.002 gr.	0.1 gr. on May 16	
9	"	0.002 gr.	0.02 gr.	0.08 gr.			
10	Arsenous anhydrid	0.002 gr.	0.02 gr.	0.08 gr.	0.2 gr.	0.2 gr.	
11	"	0.002 gr till 17					
12	"	0.002 gr.	0.02 gr	0.08 gr	0.2 gr.		
13	Cantharides	0.1 ccm					
14	"	(.05cc 13) 0.02 cc					
15	"	0.1 ccm	0.6 cc	1 cc till May 6			
16	Ipecacuanha	1.0 ccm	10 cc till 23 Then 5 cc	5 cc till May 4			
17	"	1.0 ccm	3 cc till Apr. 24				
18	"	1.0 ccm	10 cc till 23 Then 3 cc except 27-30	3 cc till May 3			

COMMENT

It is plainly evident that the results are highly suggestive. Nevertheless, in view of our present fragmentary knowlege of the science of immunology, I cannot emphasize too forcefully my conviction that positive assertions are distinctly without justification. Scrutiny of the variously tabulated findings shows that the rise in agglutinin content of the sera probably should be ascribed to the phenomenon of group agglutination.* That this should

*By "group agglutination" I refer to the ability of a certain antibacterial serum to cause the agglutination of certain microorganisms which nosologically, morphologically, biologically and often pathogenetically are closely related to the homologous bacterium. Agglutination is most marked with the homologous strain, and the degree to which the heterologous bacteria are agglutinated is somewhat of an index of the proximity of the relationship of the latter to the former. For example, anti*typhoid* serum possesses a greater power to cause agglutination of *colon* bacilli than does normal serum.

be the case is naturally to be expected, when we consider the distinctly heterologous *original chemical* natures of the drugs and bacteria used. Probably, had the complete pathogenesis of the *strain* of bacterium and likewise of the individual drug employed, shown marked intimacy of relationship, *i. e.*, had there been a conspicuous parallelism of "bacterial" and drug symptomatology, the presence of *specific* agglutinins might have been demonstrated.*

That there exists some degree of specificity is manifested by the fact that the higher dilutions of the serum of a subject taking arsenic caused marked agglutination of *B dysenteriæ* (Flexner type), while they were without effect upon pneumococci; the reverse being true of the serum of a subject taking bryonia. Confirmation of this relationship is afforded by the additional fact that a moderate inhibition of hæmolysis* occurred when the serum of a subject taking mercuric chlorid was tested in conjunction with a "syphilitic" antigen,† a cholesterinized extract of guinea pigs' hearts. Even if this latter phenomenon be present only in occasional cases, there should, however, be universal cognizance of the possibility that a non-syphilitic patient taking mercury may at times give a weakly positive Wassermann reaction. I offer no explanation of the manner in which a short course of mercury causes the temporary disappearance of the Wassermann reaction in syphilitic patients.

The slightly higher figures obtained with the colon bacillus are probably explicable on the assumption that the subjects had all been more or less sensitized, owing to the presence of this bacillus in their bodies, and it is well known that the body cells possess a latent power to react more strongly to a stimulus which has once made them sensitive.‡ This point obviously has a significant bearing upon therapeutics.

In so far as we have experiential evidence, the four drugs

*It should be remarked that any antibodies which may have been developed in consequence of the ingestion of drugs were specific only for the drug used.

*Whether or not the substance which caused deviation of complement in these experiments partakes of the nature of a "reagin," can be at present a matter only for conjecture. Reagin is the name suggested by Kolmer[41] for a body capable of binding hæmolytic complement and not a true antibody in the sense of being prophylactic against or destructive to the antigen. The existence of such a body has not been demonstrated.

†It was also found that an "arsenic" or an "ipecac" serum caused no inhibition of hæmolysis in conjunction with a *syphilitic* antigen; that an "ipecac" serum was likewise ineffectual with *typhoid* antigen, while that from a mercurialized subject, although giving complete inhibition with the "Flexner" antigen, caused, on that same day, only very slight inhibition with typhoid antigen.

‡Cole[40] has demonstrated that when an organism has once been infected with *B. typhosus* or its toxin, reinoculation more readily results in the formation of immune bodies to that bacillus. The value of antityphoid vaccination depends largely upon this fact.

studied are less efficacious in the production of agglutinins than are bacterial products. Whether or not drugs may prove inferior to vaccines in the treatment of infectious diseases is a problem for future laboratory and clinical research, but there is, at least, dialectic warrant for calling attention to the fact that the *drugs* were administered by mouth and not parenterally. Data establishing the superior efficiency of *vaccines* given by mouth in the production of agglutinins are not yet available. This ostensible comparative inferiority of the antigenic properties of drugs is not so manifest in the complement fixation series, but even were the "drug antibody" titre in the *healthy* organism lower than the bacterial, it would not of necessity betoken subordinacy in *therapeutic* merit. In point of fact, as Levaditi and Mutermilch[50] have shown experimentally, even the reverse may be true. These investigators ascertain that *salvarsanized* normal serum had very slight effect upon the evolution of trypanosomiasis in mice; that a *trypanocidal* or immune serum containing trypanolytic amboceptors had but feeble protective influence, while a *salvarsanized trypanocidal* serum prevented multiplication of the parasites and the mice survived—thus demonstrating that the drug is a more valuable therapeutic than prophylactic agent, apparently because of its association with the reaction products of the disease. Corroborative evidence is offered by Terry[51], who found that a strong immunity against surra of India was obtained by injecting mice with small quantities of dichlorbenzidin plus amidonaphtol disulphonic acid 1. 8. 3. 6. That the action of this medicament is *indirect, i. e.,* not wholly parasiticidal, was seemingly shown by the fact that rich intraperitoneal injections of surra of India and caderas were capable of infecting mice when introduced as early as twenty-four hours after the drug, *i. e.,* before the drug had been wholly excreted.

I regret especially that the necessity of delimiting somewhere the number and variety of my experiments, prevented me from investigating along the lines of anaphylaxis, the response of my subjects to very small doses, after they had been sensitized by the lower dilutions of the drugs.

It will be noted that the drugs used are extensively prescribed in those infections with which they have experimentally been placed in correspondence, and that tests have been made in an effort to show that drugs do not excite the formation of substances protective against infections by those bacteria whose pathogeneses are dissimilar to those of the drugs used.

We must naturally conclude from a study of immunological reactions that a partially specific relationship or affinity is undubitably operative. We must just as certainly conclude from a study of rational pharmacodynamics and pharmacotherapeutics, that there is a conspicuous and fairly uniform relationship between drugs and healthy or diseased tissue. Most of us present are confident that this relationship is based upon the principle of symptomsimilarity. The point which I wish to make is that there exists a reasonable possibility that the drug and the infective agent, *in that condition in which they affect or are affected by individual cells, i. e.,* when they are truly within the body, may each contain, or *excite the formation of,* ferments, or of substances containing a certain number of common or homologous chemical radicals, which would explain their similarity of action. Expressed in the polysyllabic terminology of the Ehrlichian theory, this implies a measurable degree of community of antigenous or receptoric aggregates.

Granted that we may consider drugs as antigens, I wish to suggest the following outline of a possible method of accurately determining the indicated remedy for patients with infectious diseases by means of the complement-fixation test. The ordinary hæmolytic system would be employed; the bacteriolytic amboceptor present in the serum of the infected patient would be used in the same way as is the syphilitic amboceptor in the syphilitic patient's serum. A series of antigens,—preparations,* as yet undetermined, of those drugs whose pathogeneses most thoroughly cover the totality of symptoms of the diseased patient—would be used according to the usual technic of the Wassermann reaction. The degree of inhibition of hæmolysis would be the criterion by which to judge of the degree of pathogenetic similarity between the drug and the particular strain of bacteria causing the disease. That antigenamboceptor complex which most effectively caused deviation of complement to itself, and hence caused the most complete inhibition of hæmolysis, should be the simillimum.

If I may be permitted to make the paradoxical statement, this procedure is theoretically practicable† and *if* its workings are verified by clinical observation, should be productive of extremely far-

*Logically, such preparations should simulate the chemical structure of the drug in that condition in which it affects the cells truly within the body. The problem is to synthesize that form of the drug.

†It is profitable to recall that Hara[42] obtained positive responses with the deviation of complement test in 48 of 56 cancer cases, using phenolphthalein for the antigen. In 86 cases with positive Wassermann reactions the tests with this chemical and with maltose were constantly negative.

reaching results. A preliminary investigation has been begun in regard to this problem, on which I shall report at a later time.

I have presented the facts, the actual, uncolored observations of my experiments. What do they amount to? How are they explained? What new hypotheses are suggested? What are the conclusions to be drawn? The facts cannot be debated, although the interpretations may, and I must be content with the brief discussion given above, and, the statement that the knowledge of the possibility of modifying the protective immunifying processes of the human body tissues by means of drugs, affords a glimpse of hitherto unsuspected possibilities in this field of chemoimmunotherapy, which can be only inadequately forecasted at present. The work with complement fixing substances, although in some ways less complete, I regard as of much greater value than the work with agglutinins.

I have but scratched the surface of one small corner of a field of extraordinary magnitude, which, to yield a fruitful harvest, must undergo deep delving and cultivation with long and patient assiduity. I feel constrained to omit any further theorizing, for although temporary, undemonstrated, hypothetic expedients may be helpful in providing an intelligible basis for the erection of a more elaborate superstructure, nothing is so detrimental to scientific progress as the persistence of an erroneous theory. At the present day, he who by reasoning alone attempts to penetrate the mystery which veils the problems of immunity, would be certain to fall into error. We can adventure very few broad generalizations in any of the biological sciences, for it is too obvious that logic totters when it would coerce facts. In any case, it is only the mediocre mind that wishes to know everything without much trouble, and which has a strange longing for prompt and safe formulæ.

The same drug or the same disease may produce widely different effects in different subjects, due to the heightened susceptibility or unusual resistivity of the latter. This hypersensitiveness and this resisting power may be quite irrespective of the becoming accustomed to the effects of drug or disease.* Bearing in mind this possible diversity of pathogenic effects, we cannot be overcareful in our interpretations of any laboratory or clinical, pharmacologic or pathologic research. It is for this rea-

*Such qualities of susceptibility or of refractoriness may be due to differences in race, temperament, habits, environment, fatigue[43], morphology[44], etc.; heredity is, however, the important ultimate factor. Usually the invading forces show comparatively little difference in the same invasion, whereas the resisting forces vary widely.

son that I must refuse to formulate any conclusions, except one, from my work, until experiments have been performed upon more subjects in number sufficiently large to reduce the individual factor to near the vanishing point; and to obtain results of such reasonable congruity as *must* convince the open scientific mind. As this work now stands, I feel that in its suggestive nature lies its possible value; it is of preeminently greater significance *in posse* than *in esse*.

The questions of specific reactions in health and disease are being forced more and more to the front as biological research stimulates, molds and gives direction to pathologic, pharmacologic and therapeutic research; certain it is, however, that a practical solution of the problems involved will never be obtained without the help of extensive and systematized *clinical* research.

SUMMARY.

1. In a review of the literature, numerous observations have been cited, showing that there exists considerable evidence in support of the hypothesis that many drugs in common use may, directly or indirectly, stimulate the human or animal organism to produce antibodies; *i. e.*, some drugs may possess antigenous properties. Citations have been made to show that tolerance to many drugs can be definitely established.

2. It has been postulated that excepting parasiticidal remedies, all drugs, if they have a curative effect upon medically curable diseases, have that effect by virtue of their properties of stimulating the body to higher functional resistance.

3. An abstract of the results of laboratory investigation upon that most important problem—the influence of drugs in stimulating the human organism to elaborate substances protective against disease—has been given.

4. The agglutinating powers of the sera of twelve healthy human subjects have been studied in connection with *B. typhosus, B. coli communis, B. alpha paratyphosus* and *B. beta paratyphosus,* before, during and after the ingestion of certain drugs. Each subject took one drug only, in gradually increasing doses, over a period of from three to eleven weeks. The drugs investigated were arsenous anhydrid, bryonia, hyoscyamus and phosphoric acid.

5. During the drug period there was a gradual rise in the agglutinating strength of the serum, usually in direct proportion to the size of the dose given, as is shown by charts and averages com-

piled from observations on 2,448 separate reactions. This rise may be accounted for by assuming the production of group agglutinins in greater amount than is present in normal sera. After the cessation of the drug, in most instances there was a moderate diminution of the agglutinin titre; some sera, however, showing a rise or a retention of the same level, four months after the drug was stopped.

6. The influence of baptisia and bryonia, of mercuric chlorid and arsenous anhydrid, of cantharides and ipecacuanha upon the sera of eighteen healthy human subjects was investigated with regard to the presence of complement-fixing substances, presumably bacteriolysins, when experimentally placed in correspondence with typhoid and dysentery (Flexner and Shiga types) antigens respectively.

7. The presence of complement-fixing substances was satisfactorily demonstrated, and these substances showed rather pronounced specificity of relationship.

8. A technic for determining the indicated remedy in infectious diseases by means of the complement fixation test has been tentatively outlined.

The following statement deserves repetition. In view of our present fragmentary and none too well founded knowledge of the science of immunology, I cannot emphasize too forcefully my conviction that positive assertions are distinctly without justification. Hence the one and only definite conclusion which I do feel absolutely justified in drawing from the results of this limited research, is that the subject is signally meritorious of further study.

ADDENDUM.

In a very recent publication Ciuca[52] related experiments which augment the above evidence concerning the role of the organism in the chemotherapy of the infectious diseases. Ciuca has shown that an injection of tartar emetic or of salvarsan causes an increase in the complement titre of the sera of normal or trypanosome infected animals.

BIBLIOGRAPHY.

1. Faust, C. S.: Arch. f. exper. Path. u. Pharmakol., 1900, xliv, 217.
2. Cited in editorial Jour. A.M.A., 1914, lxii, No. 21, p. 1662.
3. Rübsamen: Arch. f. exper. Path. u. Pharmakol., 1908, lix, 227, Cited in (2).
4. Dixon, W. E., and Lee, W. E.; Quart. Jour. Exper. Physiol., 1912, v. 373.
5. Clark, A. J.: ibid., p. 385.
6. Robertson, T. B., and Burnett, T. C.: Jour. Pharmacol. and Exper. Therap 1912, iii, 6, p. 635.
7. Hektoen, L.: The Mechanism of Recovery in Pneumonia: Jour. A.M.A., 1914, lxii, 4 p. 254.

8. Noguchi, H.: Serum Diagnosis of Syphilis, 1912, Lippincott Co., Phil., ed. 3, p. 246.
9. Simon, C. E.: Infection and Immunity. Lea and Febiger, N. Y., 1912, p. 121.
10. Dunbar: Ztschr. f. Immunitätsf., 1910, 4, p. 740.
11. Ford, W. W., and Rockwood, E. M.: Mode of Union between the Amanita-Hæmolysin and Its Antihæmolysin. Jour. Pharmacol. and Exper. Therap., 1913, iv, No. 3, p. 235.
12. Watters, W. H.: North Amer. Jour. Homœop. 1909, xxiv, No. 7, p. 460.
13. Wesselhoeft, 2d, C.: New Eng. Med. Gaz., 1913, xlviii, No. 2, p. 64; No. 12, p. 637.
14. Mellon, R. R.: Med. Century, 1913, xx, No. 6, p. 161.
15. Krohl, p.: Berl. klin. Wchnschr., 1913, 1-2, No. 42, p. 1945.
16. Arkin, A.: Jour. Infect. Dis. 1913, xiii, No. 3, p. 408.
17. Yamanouchi, I.: Recherches experimentales sur un methode therapeutique basee sur la stimulation des phagocytes: Ann. de l'Inst. Pasteur, 1914, xxviii, No. 4, p. 420.
18. Lake, G. C., Osborne, T. B., and Wells, H. G.: The Biological Reactions of the Vegetable Proteins: Jour. Infect. Dis. 1914, xiv, No. 2, p. 364.
19. Ballner: Sitzungsber. kaiserl. Akad., Wien, 1910, 119, Abt. 3, p. 17. Cited in (18).
20. Wendelstadt and Fellner: Ztschr. f. Immunitätsf., 1910, 8, p. 43. Cited in (18).
21. Lusini: Atti. R. Fisiocrit (Siena), 1912, 219, p. 147. Cited in (18).
22. Magnus: Ber. deut. Bot. Geselisch., 1908, 26 a, p. 532. Cited in (18).
23. Silvestri, T.: Policlinico, Rome, 1914, xxi, No. 10. Abstr. Jour. A.M.A., 1914, lxii, No. 15, p. 1209.
24. Communication: Jour. A.M.A., 1914, lxii, No. 9, p. 711.
25. Dethleffsen: Therap. d. Gegenw., 1913, liv, No. 12, p. 543.
26. Uhlenhuth: Deut. med. Wchnschr. 1900, p. 743.
27. Oppenheimer: Arch. f. Physiol., phys. Abt., Suppl.-Band, p. 336.
28. Vaughan, V. C.: Protein Split Products in Relation to Immunity and Disease. Lea and Febiger, Phil, and N. Y. 1913, p. 351. Gives citations (26) and (27).
29. Solis-Cohen, M., and Strickler, A.: Effect of Tuberculin Treatment on the Leucocytic Picture; N. Y. Med. Jour., 1913, xcv, No. 2, p. 53.
Solis-Cohen, M.: Administration of Tuberculin by the General Practitioner; Med. Record, 1913, lxxxiv, No. 12, p. 514.
30. Runnels, S. C.: Med. Century, 1912, xix, No. 11, p. 330.
31. Duncan, C. H.: New Eng. Med. Gaz., 1914, xlix, No. 4, p. 191.
32. Perkins, A. R.: Drug Action in Disease: ibid., No. 1, p. 6.
33. Vaughan, V. C.: Jour. A.M.A., 1913, lxi, No. 20, p. 1761. ibid., 1914, lxii, No. 8, p. 583.
34. Sajous, C. E. de M.: The Internal Secretions and the Principles of Medicine. F. A. Davis Co., Phil., 1907, Vol. ii, p. 1136.
35. Craig, C. F., and Nichols, H. J.: The Effect of the Ingestion of Alcohol on the Result of the Complement Fixation Test in Syphilis: Jour. A.M.A., 1911, lvii, No. 10, p. 474.
36. Noguchi, H.: loc. cit., p. 99.
37. Craig, C. F.: Variations in the Strength of the Wassermann Reaction in Untreated Syphilitic Infections: Jour. A.M.A., 1914, lxii, No. 16, p. 1232.
38. Wollstein, M.: Jour. Exp. Med., 1912, xvi, No. 3, p. 315.
39. Stern, R. and Korte, W.: Berl. klin. Wchnschr., 1904, xli, 213.
40. Cole R.: Ztschr. f. Hyg., 1904, xli, 371. Cited in 38.
41. Kolmer, J. A.: Jour. Med. Research, 1912, xxvi, No. 3, p. 394.
42. Hara, K.: Ueber Komplementbindungsreaktion bei malignen Tumoren mit chemischen Substanzen; Deut. med. Wchnschr., 1914, xl. No. 10, p. 484.
43. Mellon, R. R.: Relation of Fatigue to Paralysis Localization in Plumbism: Arch. Int. Med., 1913, xii, No. 4, p. 399.
44. Rice, P.: Tolle Causam: Jour. Amer. Instit. Homœop., 1913, vi, No. 4, p. 309.
45. Wheeler, C. E.: Recent Experiments in the Field of Homœopathy: Brit. Homœop. Jour., 1914, iv, No. 6, p. 243.
46. Morgenroth: Berl. klin. Wchnschr., 1903, No. 21.
47. Arrhenius, S.: Immunochemistry, 1907, Macmillan Co., N. Y., p. 1.
48. Weisbach, W.: Zur Theorie der Salvarsanwirkung; Ztschr. f. Immunitätsf, 1914, Orig. t., xxi, Nos. 1-5, p. 187.
49. Fenyvessy und Freund; ibid. 1913, Orig. t., xviii, p. 666.
50. Levaditi, C., et Mutermilch, St.: Ambocepteurs et arsénobenzol; Bull. de la Soc. Pathol. Exotique, 1914, vii, No. 7, p. 633.
51. Terry, B. T.: Chemo-Therapeutic Trypanosome Studies with Special Reference to the Immunity Following Cure; Monographs of the Rockefeller Institute for Medical Research, 1911, No. 3.
52. Ciuca, M.: L'action de quelque substances médicamenteuses sur le pouvoir alexique du sérum: Bull. de la soc. Pathol. Exotique, 1914, vii, No. 7, p. 626.

Discussion

Dr. Claude A. Burrett, Columbus, O.: I can hardly keep my seat when I hear such splendid reports of investigation. The very modesty of Dr. Hooker in saying he does not want to draw conclusions does not embarrass me in suggesting that he is going one step further in the culmination of certain lines of investigation which will cause some man—and I hope it will be Dr. Hooker—to draw conclusions in the record of diseases. For the past fifty years experiments along the medical lines have been demonstrating that homœopathic remedies do cure disease when given short of the physiological action. Let me remind you that in 1906, 1907 and 1908 work not as scientific as the work done by Dr. Hooker—a work which was laying the foundation —was started in connection with making something like a demonstration of the proof of homœopathy. That work was taken up by Dr. Wheeler, of London. Work was done at that time on the knowledge we had at hand, viz., the knowledge we had of phosphorus in tuberculosis. Later the effect of echinacea on the staphylococcus was demonstrated. I did not at that time dare to draw definite conclusions with reference to the specificity and proof. Only last winter Dr. Mellon, of Ann Arbor, came out with the statement that baptisia affects the agglutination of the typhoid bacillus. From Dr. Hooker's experiments you will see we are constantly making progress toward the demonstration of the action of the homœopathic remedy. Dr. Wheeler gives out in a paper that he by experiments, similar to those of Dr. Mellon, had proved the effects of baptisia. Dr. Hooker, with reference to the Wassermann reaction, finds that the remedy does have effect on the blood serum. I believe it is high time that we as a profession do make a statement and come to some conclusion with reference to the scientific knowledge we have at hand. I go one step further, and I want to say it is time you men with gray hair, who can appeal to the rich, should appeal to them and say we have a field of investigation that merits not only their thousands, but millions for such work. The men of to-day are men worthy of having laboratories built to work in. We are too timid with reference to this matter. Come before the public and say we have done something which is saving to the world millions of lives. It is time we said something with reference to the scientific demonstration of the homœopathic remedies.

Dr. J. B. Gregg Custis, Washington, D. C.: It has always been my desire to force upon the world the verification of our materia medica. Now, that these experiments can be undoubtedly verified, everything upon which they are based must have truth as fundamental, and there must be truth in the theory of our therapeutics. Then and only then can there be aid from the institutions that are controlling the millions. There is no use talking about bringing the schools together until our materia medica is verified. We shall have to depend upon such experiments as Dr. Hooker is making—Dr. Wheeler—and Dr. Mellon. Those men are homœopaths in their association. That makes their work far more valuable. There are few homœopaths today who have

been trained to appreciate the necessity of the scientific study of our drugs. We have all learned, to a greater or less degree, the appreciation of subjective symptoms. If the two classes of practitioners get together, we will have arguments that cannot be disputed by any one, and if the workers of the research laboratory can get together, who can withstand such facts? I hope we can enlist the services of Dr. Hooker and others in this work, so they can add to the subjective symptoms and your prescribers can verify results in every step.

Dr. Edward B. Hooker, Hartford, Conn.: I have been longing and asking for some such work as this for a great while, and all I want to say now is that this young man is not my son, but I would be mighty proud if he were.

Dr. Alonzo C. Tenney, Chicago: The subject of the endowment of research laboratories has been touched upon and in such a manner that I wish to make one or two suggestions to those who are going to enlist our millionaire clients. Millionaires, like other people, are not anxious to put their money into institutions to prove an old hypothesis. That is of interest only to the worker, and if it is of sufficient interest to us, we should pay for it. But the spirit of the age is progress. The bag is open, the truth is out, and the tendency is to recognize the fact that medicine is not an exact science. If by these methods we can make it more exact, if we can show the prospective donor of millions that we can enhance our medical knowledge by this kind of work, he can be interested.

The most commendable thing about this paper, to my mind, is the conclusion that "the work is worthy of further pursuit." I think of all Dr. Hooker has said the sounding of this attitude of mind is most commendable.

Dr. Frank C. Richardson, Boston: It would be impossible for any of us, and especially those who have not watched and looked on while the work was being carried on, to appreciate the enormous amount of work, the patient, the persistent work that has been put into this research. The institution in which this work has been carried on is not heavily endowed, but it has funds so apportioned and so conserved that we are able to do research work along this line and along other lines. We have also arranged to send at least one of our young men or young women abroad each year for study, to prepare them to carry on research work along pharmacological lines and bacteriological lines. In that way I believe we shall be able to raise up a corps of investigators that will put us on a scientific basis before the medical world, as scientists and as physicians. So I beg of you do not be discouraged about obtaining money for such work. I believe it is entirely possible, and I believe it is worth while.

Dr. Charles E. Sawyer, Marion, Ohio: This paper brings us two important lessons—one, the proof of the law of Similars, a real physiological proof such as we have needed for years. It also proves that the Homœopathic Profession has men capable of doing great things. It has been said of us that we have done nothing but pursue policies

of the past for so long that we only know antiquated things. This paper is important because it shows that the young men of this country are here and ready to carry us on to the highest degree of progress to which we have ever aspired. We should go out from this meeting to-night resolved that we will carry back to the communities from which we come knowledge of the fact that the Homœopathic Profession have men who are far advanced in the march of medical progress. Instead of talking about our contemporaries, let us talk about what we have done—what we can do—and what we are, as Homœopaths, endeavoring to accomplish.

Dr. John P. Sutherland, Boston: I think it is a safe and proper conclusion to draw from the admirable paper to which we have just listened that in it we find confirmation of the law of similars and a probable explanation of the *modus operandi* of the homœopathically selected and administered drug. This should be a consolation and encouragement to all. While listening to the paper and the discussion of it, I have rapidly reviewed the history of Homœopathy from its origin. It is perhaps not sufficiently realized that Hahnemann's work in the study of drug pathogensy was one of the earliest examples of what is now called Original Research. He undertook investigations into an absolutely new field of study, and by his work demonstrated that he was far in advance of anything in the medical science of his day. The methods he used in his original systematic provings of drugs were decidedly crude, and we recognize many of their imperfections when viewed in the light of present-day methods. At the same time these original and simple experiments built up for us what we now call our Materia Medica. Good work has been done by means of it. The reputation of Homœopathy is based upon it, but that Materia Medica has been in use for a long time without having any important additions made to it, or any change made in the methods of proving. But ten or fifteen years ago there came a big step in advance in methods of drug proving, and a magnificent reproving of Belladonna was made and conducted by Dr. Howard P. Bellows under the auspices of the well-known O. O. and L. society. That reproving of Belladonna consisted of a series of experiments made in accordance with what was then considered the latest word in science. Fifty-three provers were engaged in it. They were examined by expert specialists before, during and after the proving, and their physical condition observed, and their day-books viséed. All safeguards and control tests were made use of so as to secure the pure pathogenic effects of the drug. It is interesting to note that it took Dr. Bellows six years critically to examine, analyze and classify the symptoms and publish the work—the same length of time covered by Hahnemann between the time of his inspiration concerning the law of similars and the publication of his first paper on the subject.

Now, here comes the latest advance in methods of studying the effects of drug action on healthy human beings. This work of Dr. Hooker's is not strictly in the line of drug proving, but he furnishes an explanation of the *modus operandi* of the homœopathically admin-

istered drug and at the same time a confirmation of the law of similars. It seems to me that is the great conclusion to be drawn from his paper and this should encourage us to rely with greater confidence upon our Materia Medica and the therapeutic law which has been given us by Hahnemann.

Dr. O. S. Runnels, Indianapolis: It is a very great satisfaction to us of the older day to find that Hahnemann started right, that he began with the announcement that there was a power within the drug to influence the human body. He started in the days of polypharmacy, when prescriptions had written in them from ten to one-hundred and sixty ingredients, and when nearly every doctor had his drugstore on the corner, and had the pleasure of dispensing his own drugs and reaping a harvest therefrom. When Hahnemann said the infinitesimal dose was the thing, what did the druggists do? They opposed Hahnemann and fought him and passed laws forbidding him to dispense his own medicines and thus requiring him to go to the drugstores. So they drove him from town to town, persecuted him all they could, and have kept it up until recent times. There are no more ridiculous stories about the infinitesimal dose. Things are getting so infinitesimal that those who have opposed us do not express them in figures at all. So you see there is a march of truth in the world.

Hahnemann told us another thing. He was a brilliant man, and he saw much that we are slow to learn to-day. He said, "Don't try to put everything on the drug—don't try to force it to do everything, but first remove the cause of the trouble, and give your drug a fair chance. Don't expect it to do everything." And so he looked to causation, and he did things that a great many of our very refined homœopaths think to-day is very crude, such as insisting upon an emetic for relieving an overloaded stomach, or using a cathartic to relieve an impacted bowel, and so on down the line. We forget what he said on those subjects, and now we find the most valuable thing he told us was to get rid of the cause of the disturbance. Give nature a fair chance to become immune to bacteria. We cannot get rid of the bacteria of the world. They are here to stay and human life must go on in spite of them. We must rise above them—be superior to them—by being in such a state of absolute energy or resistance, that no bacteria can capture us. Most of us are doing that thing now without realizing it. If we did not do it we would all have tuberculosis or succumb to some other pathogenetic microbe. It is the fellow that cannot fight his battle that gives up and is taken captive. Therefore we must pay attention to this matter of natural immunity—get ready to fight life's battle. Every one born into the world has a birthright to seventy years at least of healthy life, and can have it if he will pay proper attention to the solution of life's problem.

Dr. Benj. F. Bailey, Lincoln, Neb.: Some of us can look back a number of years when hypothesis was the science. Then came almost dark nihilism. Then the public began to doubt the truth of our law. During all these years many have believed in the law but we have recognized that it was in danger of oblivion because the scientific

world would not accept anything until it was proven. To-night we have seen, I believe, the hypothesis become the fact. Dr. Hooker has spoken to us the most logically, the most modestly, the most clearly of any one I have ever heard speak upon a similar subject. The responsibility of this work rests upon us more to-day than ever before. We have 15,000 members of the school—if not of the Institute—and they tell me we are short of money and cannot get money. Members of the American Institute, let us see to it that some provision is made by the body of which we are a part, that there shall be no question but that this work may go on indefinitely and positively without interruption.

Dr. James C. Wood, Cleveland, Ohio: I want to commend the work of Dr. Hooker, and say that to-morrow morning I shall propose to the American Institute of Homœopathy that the Institute of Drug Provings, of which Dr. Custis is chairman, be asked again—as it has been asked many times—to turn this money over to the Institute for work of this kind.

Dr. Custis: In view of that I will say here that a full report of the work that has been done will be made, and I hope it will satisfy Dr. Wood that we have not been asleep.

Dr. Hooker (closing the discussion): I wish to assure you that I appreciate your interest and attention, and am more than a little proud of your approbation. As I said, this work is but a scratch, but *it is a scratch.* Whether or not this work is confirmed, its value cannot be altogether negligible, because it undeniably opens up a little further new lines of thought and possibilities for future research which are bound to grow and ramify for decades to come. I have a list of scores of suggestions that have sprung from this research which, if only a half dozen drugs and diseases were investigated, would occupy the time of ten men and their assistants and hundreds of "healthy" human subjects for at least fifty years. There is now going on in the dominant school a tremendous amount of experimentation. Much of it is highly important, and much is of seemingly less importance Those investigators are working like ants. They *are* like ants. They have their housing, their sustenance and their progeny. At the close of a generation sometimes can be perceived a little advance, but there has accrued only a slight increment of *positive therapeutic knowledge.* The work which those men are doing—the work which we are doing and which we must continue to do—that work is tedious—it is routine—it is confining—it is exacting; and the ascertainment of positive knowledge is usually very, very slow. It is my personal conviction, however, that there exist preëminently greater possibilities for *fruitful* research in the problems of homœopathy than exist in any other department of medicine, without exception.

SOME INTERESTING CASES OF RECTAL CANCER*

By Orlando R. Von Bonnewitz, M. D., New York City.

There is, very likely, not a man or a woman attending this convention who cannot tell you the exact figures of just how many people die each year from tuberculosis.

Yet, how many of you know that more people die annually from cancer than tuberculosis? From data collected from all parts of the world it is shown that one out of every nine people who die each year, dies from cancer.

According to McGlyn, after reviewing all available statistics, from 1890 to 1900, there was a general increase of 12% in the mortality, and this increase was by far the greatest in cancer of the rectum. More men die of cancer of the rectum than do women, although the reverse is true of cancer generally. I could quote figures for an hour in support of this contention, but this paper is to discuss the subject from a different standpoint.

Among surgeons it is a well-known fact that cancer of the rectum is not recognized early enough to be successfully operated. Patients are treated too long for things they have not got, and until the classical symptoms appear, when it is usually too late to make operative work a success, except in a very small number of cases.

It is not going to be sufficient to write papers for the surgeon, or even for the family doctor alone; we must educate the public, that cancer is curable in most cases, if operated early enough. They must be made to understand that a slight irritation of the rectum may be nothing of importance, or it *might* be the first symptom of cancer, and at this early period may be cured by a perfectly safe operation, often under a local anesthetic in the office, but if allowed to go on it becomes a very serious affair.

Suppose your pneumonia cases were treated for catarrh until consolidation had taken place in one lung, and then you were called in for diagnosis, and were expected to cure the patient, do you think you would have much success?

That is about the status of cancer of the rectum as we see it in our hospitals and private practice. I examined a patient

*Read before the S. and G. Society, A. I. H., June, 1914.

for an out-of-town doctor—a good doctor, too, who simply wanted to know if a diarrhea he had been treating for some months might be amebic. Examination showed a carcinoma in the last stage. The patient will be dead inside of three months.

Here is where the man in general practice, who first sees these cases, must be impressed with the importance of an early diagnosis of all rectal cases, and, if in doubt, should send to some one who is competent to make a correct diagnosis. Many of you have had patients tell you they were afraid to have an examination made because it might be cancer, and they knew that could not be cured. These people must be taught that cancer is curable, and only neglect makes the operation such a serious matter.

I believe we are working at the wrong end of this subject, and that we shall accomplish more by early diagnosis than by any other means now at our command.

With the exception of the stomach, the rectum is the most frequent site of cancerous invasion, and either of these is more often the host than all the rest of the body combined. The development of many instruments of precision, by proctologists, has made it possible to recognize cancer of the rectum much earlier than we used to do, and we now know that the disease in the very early stage is a local lesion, and that this lesion does not give rise to many symptoms, until it has attacked the vital tissues. The fact that the rectum is scantily supplied with sensory nerves is no doubt unfortunate, inasmuch as it fails to call attention to pathological conditions or changes taking place, which otherwise would call for immediate treatment. Warts, ulcers, polypi, even red spots in the rectum and sigmoid colon should be given careful attention and regarded with suspicion.

I believe the day is not far distant when every adult over twenty years of age will be examined by a competent proctologist once, and at least once in two years, after the age of forty, for the small lesion, which in after years becomes inoperable cancer.

This was brought to my mind in a very peculiar manner only last year; Mr. R. S., aet. 27, married, exceptionally good habits, was referred to me by Dr. Tuttle for pruritus ani, of a very distressing nature. After the pruritus had been cured, I

made a last careful examination of the rectum and sigmoid, before discharging him. I found what I thought was a simple ulcer, about the size of a pea, situated upon the second Houston valve. I treated it in the usual manner and expected it to disappear in a few days, but it did not do so. After a month's treatment, I cut it out under local anesthesia, and it healed up at once. Pathological report was "glandular cancer, but type not able to distinguish from specimen."

Last month I examined the patient again—one year after the operation—and found the spot had not reappeared, and the rectum in excellent condition. I am perfectly sure I rendered a real service to this patient, and very likely saved him much future trouble. Since then I have made yearly examinations a rule in all my cases.

On the other hand I would like to report a case which shows what trouble may come from neglect.

Miss G. T., aet. 23, society girl, family history contained nothing of importance. Weight 112 pounds, color good, has lost ten pounds in the last three months, appetite fair, symptoms were blood at stool, other times a pinkish discharge, very little pain but more or less constant and of a dragging nature. No cachexia.

Bowels had been regular and sufficient up to two years ago, then becoming constipated, she went the usual route of cathartics until she noticed some blood at stool, and the cathartics seemed to lose their effect.

She consulted the family physician for "piles" and without examination he agreed with her and prescribed suppositories and purgative water. Dissatisfied after three months treatment, which included high frequency electricity, she consulted another doctor.

He had cured hundreds of cases of piles with a salve he made and could cure her in a month. Still no examination. There was no improvement and a dragging pain followed the stool. She was then sent to a woman physician, a homœopath of ability. She examined the rectum, I am glad to say, but did not recognize the trouble. After working out the remedy with the repertory for two months without success, the patient left her and next saw a "blood" doctor.

He told her they were all mistaken, that her trouble was anemia. The iron tonic prescribed benefited her not at all, and

the dilatation attempted by the use of rectal plugs could not be carried out on account of hemorrhage.

She finally fell into the hands of Dr. Banterer, an old school gynecologist of skill, and he sent her to me on June 5, 1913. Examination revealed a growth filling one-half of the entire ampulla, and involving the adjacent organs. A specimen proved it to be adenocarcinoma.

I performed a left inguinal colostomy on June 10th. She improved rapidly in health and strength and begged me to remove the growth, but I refused to make the attempt as long as she was improving. During my vacation in August she consulted one of our well-known surgeons, and he said he guessed it was too big a job for me, that he would remove it quite easily. She lived 13 hours after the operation.

This was a sad case indeed. She gave up her life on account of bad judgment.

The very first error made in her case was when the first doctor treated her for constipation without an examination. Yet she went from one to another for two years without being examined. Certainly at some time this growth could have been recognized, and successfully operated.

The next error was the attempt to remove the growth when it was too late. The shock of a rectal resection is terrific, and few are able to withstand it. The colostomy had benefited her greatly, and with certain astringent irrigations she could have enjoyed several years of life.

I have a man 79 years of age under my care, who was given three months to live, five years ago. A colostomy at that time has made him quite comfortable. I have a woman under observation with a six-year colostomy, who attends to a fair sized millinery business; she is now 42. She has had but two small hemorrhages since and that was one year ago.

I have four cases of colostomy, from one to four years; all of whom are doing nicely and in fair health. All of these cases are using an irrigation of an alkaline antiseptic with zinc or kramaria. Several have a regular night and morning stool. These were all inoperable cancers.

It is hard sometimes to resist the fascination of a resection, as well as to resist the entreaties of the patient and family. I believe the operation is attempted many times when the case would be better left alone with a permanent colostomy, unless

we can persuade the physician to send us the cases much earlier than they do at present.

Another pertinent case is the following: Mr. T. S., aet. 31, married, carpenter, was sent to my clinic at Flower Hospital on Sept. 6, 1913. Complained of some pain of a dragging nature all of the time, not severe. Had operation five months previous for fistula in ano; both sphincters were cut and did not unite, leaving him with about one-third control. Operation was performed by a well-known surgeon and a man of standing in the profession.

The first symptoms of rectal trouble were some two and a half years ago; noticed some blood at stool, but only occasionally. He followed the usual route of the family physician first and then four other doctors without examination.

Six months ago a small abscess formed just outside the rectum, which was opened by a physician and healed up all right. A month later, a larger abscess formed but left a fistula which was operated as stated above. Being young, and healthy in appearance, I examined the rectum high up, expecting to do a plastic operation for repair of sphincters before the students. I found a tumor as large as an egg, and extending entirely around the rectum, six inches from internal sphincter, forming a partial stricture of the bowel. This changed entirely the character of the operation.

A left inguinal colostomy was performed on Sept. 12th and the fistulæ were opened for drainage. He made an uneventful recovery and went back to work. He pleaded so hard for a complete or radical operation, that I assented, but took him to another proctologist for his opinion. He thought him an ideal subject for operation. I explained how serious the operation was and the few chances he had, but he wanted to take the chance. So on Dec. 15th, we did the combined operation, the first step of which had already been done. We dissected the sigmoid down below the pelvic floor, crowded it down and closed the abdominal cavity with peritoneum, ligated the hemorrhoidal vessels, and closed the abdomen in the usual manner.

He developed acute dilatation of the stomach that night, but after four days hard fight, made a good recovery.

Four weeks later we attempted removal by perineal route, but he went into collapse and died a few hours later.

I have been present in different capacities, at many operations of this kind, and I have seen few who could stand a resection of the rectum, at the time we usually see them. Those cases which are operated early, and the operation thorough and complete, generally live long enough to justify the risk. But I believe there is too much "delayed surgery," with fatal results. The reduction in the mortality of cancer of the rectum and sigmoid colon can only be realized through the family physician and an early diagnosis.

A wart or a polypus in a child is not of much importance, but when present in a person over forty years of age is a distinct menace to life. 80% of the cases sent to my clinic for treatment carry an incorrect diagnosis.

I am perfectly aware that a correct diagnosis, in the early stage of many diseases of the rectum, and especially of cancer, is not always an easy matter, even for men who do nothing else, but a proctoscope costs but little and should be in the office of every physician who wishes to do the best for his patients.

The National Cancer Congress, which was organized some time ago, to combat the alarming increase in cancer, unanimously agreed that cancer comes from constant bruising or irritation of the tissues, and that it is at first a local lesion. Therefore, it seems to me we should be very careful about producing undue irritation about the anus.

Various rubber plugs or dilators used in the anus are certainly harmful. The numerous apparatus sold in drug stores for flushing the bowels, which have to be introduced many times are distinctly injurious. One in particular I have in mind, a tube inserted into the center of a large rubber bag, and the patient is expected to sit on this. It is easy to see how an awkward or stout man or woman trying to insert this clumsy tube can produce an injury which may be the site of a malignant growth a few years after.

Operative technic has improved so much in the past few years that we do not have the great amount of scar tissue we formerly had and this is a great step forward, because we know scar tissue is infected tissue and many investigators believe, it is the site of malignant invasion much more often than we like to believe. The careless use of the clinical thermometer, which we know often causes a fissure in babies, is under

serious investigation by some, as the source of a permanent lesion.

Finally, we have a great many evils to overcome before we can hope materially to reduce the mortality of cancer of the rectum, and I believe it is the family physician who can do the greatest good.

2030 Broadway.

Discussion

Dr. O. S. Runnels, Indianapolis: Dr. Von Bonnewitz has given us a very timely paper in his endeavor to arouse the profession and the laity to the necessity of instant procedure whenever the first evidences of pathology are announced. It is, usually, already late in the day when these cases seek professional advice, owing to the ignorance or false modesty of the sufferer, and time is further lost by the average physician in failing to make immediate physical examination or in temporizing with inadequate measures, till the cancer cells have been widely disseminated.

All such cases have had retrograde metabolism for years—have been on the down grade for a long time, until gross pathology has become established and the diagnosis of cancer is unmistakable.

Physical examination by a competent physician should be made at the onset so that the patient can have the advantage of present-day knowledge and avert a situation that might otherwise prove to be hopeless.

The Doctor is right; he has put the emphasis where it belongs. Prevention has become the paramount consideration. Results can never be brilliant in long neglected cases. Desperate attempts to cure at that stage will be almost uniformly disappointing; for miracle workers can not be found.

When skillful service is employed at the opportune time such situations as we have been considering this afternoon will be anticipated and prevented; and if universally employed one more of the great scourges of mankind will have become historic. If this lesson can be learned here today it will render unnecessary a great deal of high-grade but wholly useless surgery, after the day of opportunity has gone by forever.

Dr. Wm. H. Diebel, Detroit: These gentlemen who have just spoken are laying a great deal of responsibility on somebody's shoulders who possibly should not carry it. The fact is that many of these patients never consult a physician until it is too late. I recall two cases which came under my observation. They had never consulted a physician until they came to me, and at that time they were past the stage for operation. In the one case I could cause no blame to be laid on myself. In the second I possibly could. I treated the case for lumbago for one month before I knew the man had cancer of the rectum. The case was rather a mystery to me in the beginning. The patient had never called my attention to the existing condition in the rectum, and when I learned of it it was too late for operative interference.

IRREGULARITIES OF THE PULSE: THEIR RECOGNITION, SIGNIFICANCE AND TREATMENT*

By G. Harlan Wells, M. D., Philadelphia
Associate Professor of Medicine, Hahnemann Medical College

The discoveries that have been made during the past decade relating to the detection and significance of irregularities of the pulse have been of vast importance to the internist and to the therapeutist.

The researches of Engelmann and of Gaskell into the physiology of the heart muscle and the subsequent clinical investigations of Mackenzie and others, have made what was formerly a hopeless mass of conjectures and doubt one of the most definite and significant of all the phenomena associated with cardiac diseases.

Any attempt to understand the mechanism and the significance of cardiac irregularities must be based upon a study of the structure and function of the cardiac muscle. It will simplify matters a great deal if we will look upon the heart merely as a muscle, certain functions of which, it is true, have been specialized to a peculiar degree, but to all intents and purposes it possesses all the essential properties of any other muscle and must be nourished, rested and exercised if its functions are to be properly developed and maintained. Careful research has shown that the muscle fibers of the heart are arranged in the form of spirals, in definite order or layers, and these layers are attached chiefly to the central fibrous body and to the more or less firm rings about the valves.

Each fibre of the heart muscle possesses the following functions:

(1) Stimulus production.
(2) Excitability.
(3) Conductivity.
(4) Contractility.
(5) Tonicity.

A special group of fibers located near the orifice of the superior vena cava possesses the function of excitability to an unusual degree. This structure is known as the *sino-auricular node*. The rate and rhythm of the heart depend chiefly upon

*Read before the American Institute of Homœopathy, June, 1914.

the manner in which this structure performs its function and it has aptly been called the *pace-maker* of the heart. Another important specialized set of fibres is the *auriculo-ventricular band*, or Bundle of His, which arises in the right auricle and passes inward toward the interventricular septum, near which it divides into two branches, one of which ramifies in the right ventricle and the other in the left ventricle.

Under normal conditions the contraction of the heart starts at the sino-auricular node in the right auricle and is communicated in the left auricle. The impulse to contract is then carried downward through the Bundle of His to the ventricles. *Should the impulse to contract originate in any other part of the heart than the sino-auricular node or should the normal transmission of this impulse be interfered with we have cardiac irregu-*

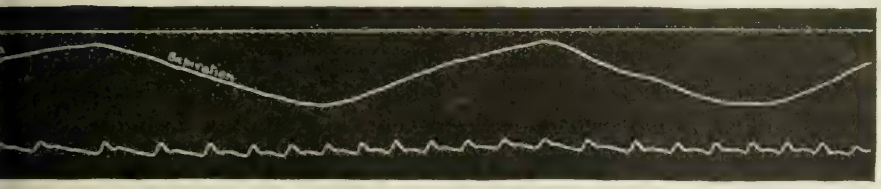


Fig. 1. Sinus irregularity—note slowing of beats at the beginning of expiration (After Mackenzie.)

larity manifesting itself. In practical work we meet with four important types of irregular pulse:

(1) Sinus irregularity.
(2) Extra systoles.
(3) Auricular fibrillation.
(4) Heart block; partial or complete.

A few other forms of cardiac irregularities are occasionally encountered, but on account of their rarity we shall give them no consideration in this paper.

Sinus Irregularity

This form of irregularity is characterized by the varying length of the cardiac cycle, particularly by the lengthening of the diastolic period, the beats being of equal size and varying with respiration. This type of irregularity is readily recognized by the finger on the radial artery. It will be observed that the pulse rate is continually changing, *becoming slower during expiration.* The beats are equally strong and there are ***no missed beats.*** See Fig. 1.

Polygraphic tracings taken from the radial artery and the jugular pulse will readily enable us to corroborate the diagnosis.

The significance of this type of irregularity is now quite clearly understood. *It is dependent upon depression or excitement of the sino-auricular node through the action of the pneumogastric nerve.* It is found most commonly in children, at times in nervous adults and often appears after an attack of rheu-

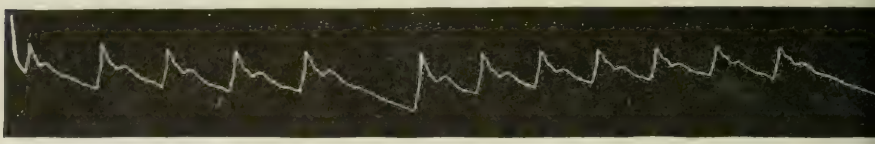


Fig. 2. Extra-systoles—note the strong contraction following the long pause.

matic fever. It has little pathological significance as far as the heart is concerned and is perfectly consistent with good health unless other evidence of cardiac failure exists in connection with it. The patient can be assured that the condition is not serious and that a cure may be confidently expected.

Treatment: The general care of the patient affected with this condition should consist in the institution of such dietetic and hygienic measures as are calculated to improve the general health of the individual. Cactus, gelsemium, nux vomica and ignatia are all remedies of value in bringing about a cure.

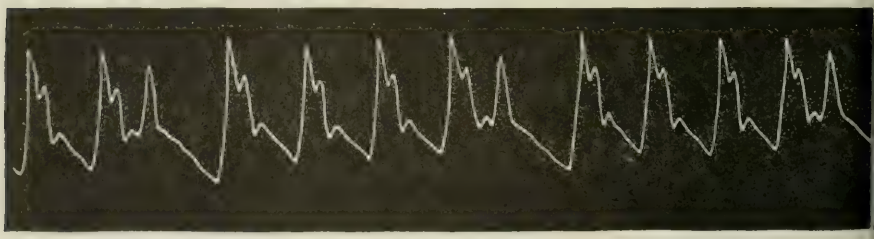


Fig. 3. Extra-systoles occurring after every four normal beats (After Mackenzie).

EXTRA SYSTOLES

Extra systoles constitute a large proportion of the cases of the cardiac irregularity that we meet with in ordinary practice. They are recognized by a premature beat in the radial pulse, followed by an abnormally long pause. See Figs. 2 and 3. The diagnosis is readily confirmed by a polygraphic tracing, or by auscultation or with the stethoscope. By the latter means

the extra systole is recognized by a regular sequence of sounds interrupted by two short, sharp beats occurring during the intermission of the pulse and followed by a long pause.

Extra systoles are produced by a premature contraction of an auricle or ventricle, in response to a stimulus from some abnormal point, but where otherwise the normal sinus rhythm is maintained. The long pause following the extra systole is due to the fact that the heart muscle is in a refractory stage when the normal sinus impulse reaches it, hence no contraction takes place. The first systole that occurs after the compensatory pause takes place exactly at the moment at which it would have occurred had no extra systole preceded it, and is usually more forceful than a normal beat, due to the lengthened period of rest.

Extra systoles may be of three types: Ventricular, auricular and nodal. The manner of differentiating these various types is of scientific rather than of practical importance and need not be elaborated upon at this time.

The symptoms produced by extra systoles in the majority of people are few. Some persons are conscious of a transient flutter when the extra systole occurs. Others say they have a sensation as if the heart had stopped, while others complain of a distinct thud after the long pause. Shortness of breath and edema of the extremities are present in only a small percentage of cases. Precordial pain may or may not be present.

The significance of extra systoles varies. They are found, not uncommonly, in healthy men and women without producing any impairment of the efficiency of the heart. In other persons they may be indicative of more or less serious changes in the heart muscle, but in such cases other evidence of cardiac failure will invariably be found. It may be stated, therefore, that when extra systoles are the only evidence of disturbance the prognosis is favorable; where they are associated with other signs, the prognosis should be based on the other signs.

Treatment: In instituting treatment in a case of this type, it is important to reassure the patient as to the condition of his heart and to explain that there is no danger in this type of irregularity *per se*. Attention to the food and to the digestive organs is a matter of considerable importance. Tobacco, tea and coffee not uncommonly are factors in the production of extra systoles and should be omitted from the diet. All food

that tends to set up digestive disturbances or flatulent dyspepsia should be excluded. Rest is not essential except in cases presenting evidence of circulatory failure. The medical treatment of these cases should be strictly homœopathic. No physiological remedy has any particular effect in controlling this type of irregularity. Cactus, cratægus, gelsemium, digitalis, china, phosphoric acid, ferrum and arsenicum are remedies that are frequently called for.

AURICULAR FIBRILLATION

This condition, which was practically unheard of until two or three years ago and which owes its recognition to the work of Lewis and MacKenzie, is, clinically, the most important type of cardiac irregularity. *The discovery of its mechanism and significance is by far the greatest advance that has been made during the past fifty years in the diagnosis and treatment of cardiac lesions.*

A typical case of auricular fibrillation is readily recognized.

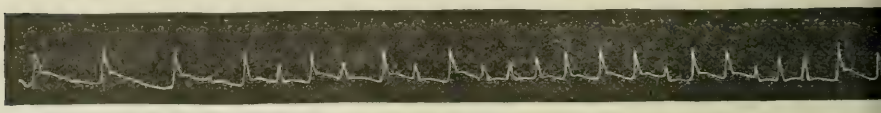


Fig. 4. Auricular fibrillation occurring in a case of mitral stenosis.

Palpation of the pulse shows its rate to be greatly increased, usually over one hundred per minute. The normal rhythm is completely destroyed. The interval between the beats and also the force of the beats vary constantly. In milder cases the rate of the pulse may be comparatively slow and a polygraphic tracing of the radial and jugular vessels may be necessary to reveal the true nature of the irregularity. See Fig. 4.

Auricular fibrillation is dependent upon an independent and rapid contraction of the fibers of the auricle. The walls of the auricle stand in the diastolic position and, while there is no actual systole, constant twitchings are observed over its entire surface. As the result of this twitching, the ordinary rhythm of the heart is completely lost, the stimulus for contraction no longer arising in the sino-auricular node, but in the fibrillating fibers of the auricle and transmitted to the ventricles in an irregular manner.

The symptoms presented by the patient suffering from auricular fibrillation are numerous; he is usually definitely con-

scious of the irregular movements of the heart and a variety of symptoms indicative of cardiac failure are invariably present, such as shortness of breath on exertion, edema of the lower extremities, vertigo and enlargement of the liver.

While in the majority of cases, the onset of auricular fibrillation is gradual, in a small percentage of cases it is rapid and may be accompanied by dilatation of the heart and extreme dyspnea.

Auricular fibrillation is always a condition of serious significance, indicating as it does a profound disturbance in the function of the heart muscle. It interferes seriously with the maintenance of the circulation and if it persists for any length of time circulatory failure is practically certain to occur. In attempting to form a prognosis in auricular fibrillation we should investigate carefully the nutrition of the heart muscle, the manner in which it responds to strain, the general condition of the

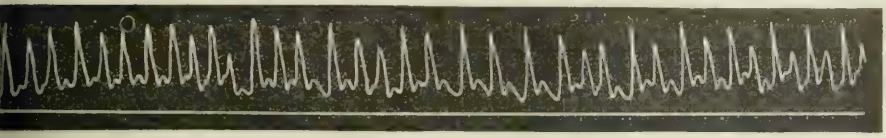


Fig. 5. Auricular fibrillation. Pulse rapid—160 per minute—and irregular in force and rhythm. Heart dilated. General anasarca present.

patient and the effect of appropriate therapeutic measures upon the rate and rhythm of the heart.

Treatment: When a patient suffering with auricular fibrillation presents himself, whether accompanied by signs of circulatory failure or not, immediate rest should be ordered and every opportunity should be given to the exhausted cardiac muscle to get proper rest and nourishment.

The next step is the selection of the proper medicinal agent, and for this condition we have a therapeutic agent whose action, in suitable cases, is little short of miraculous. In fact, the investigations that led up to the discovery of the value and of the proper indications for digitalis in auricular fibrillation, are among the most important in modern medical therapy. When given to suitable cases in proper dosage, digitalis slows the rate of the heart, establishes the normal rhythm and will rapidly restore to comparative health a patient who has been almost in the grave. So prompt and efficient is the action of this drug that all other remedial agents have a secondary place,

as it has been found experimentally that when digitalis fails, nothing else is likely to be of any avail. (See Figs. 5 and 6.)

The reason for the remarkable therapeutic effect of digitalis in auricular fibrillation lies in the power of this drug to depress the conductivity of the heart muscle and, in this way, the abnormal stimuli arising in the wall of the auricle are cut off and the normal rhythm of the heart establishes itself through the medium of the auriculo-ventricular bundle.

As to the method of administration of digitalis, personally, I prefer to use the powdered leaves as they represent the full therapeutic property of the crude plant. It is my custom to give from three to six one-grain capsules daily until the rate of the heart is reduced to between seventy and eighty beats per minute. A good tincture may also be used with advantage in doses of fifteen drops three or four times a day. Where the condition is marked and urgent relief is necessary, as much as two drachms of the tincture daily may have to be given. In very

Fig. 6. Same case three weeks later—after administration of digitalis—pulse rate 90 per minute and regular.

serious cases the intravenous injection of 1-250 of a grain of strophanthin may be occasionally employed for immediate effect, followed by digitalis. After the serious symptoms have been controlled, the dose of digitalis should be reduced, *only sufficient of the drug being given to maintain the normal rate and rhythm of the heart.* After a varying period of from one to ten weeks the drug may be discontinued and, if the auricular fibrillation is of a temporary character, the further use of the remedy may not be necessary. In other instances, especially in senile hearts, the continuous use of the drug may be necessary in order to prevent the onset of cardiac failure. In fact, the drug may be given in moderate doses for years and in this way maintain the patient in comparative health and comfort.

It can be readily understood that the depression of conductivity of the heart by digitalis may be carried to excess and it is necessary to sound a warning against the reckless use of this drug. Cases of sudden death have undoubtedly occurred as the result of the administration of digitalis. As far as I have

been able to observe, *such fatalities are the result of continuing the large doses, notwithstanding the fact that the rate of the pulse had been slowed to seventy per minute.* It is important to keep close observation on all patients who are receiving large doses of this drug and to reduce the dose as soon as the pulse has been reduced to normal limits and, where possible, tracings should be made of the radial pulse at frequent intervals in order that the characteristic coupled beats that occur as a result of the over-action of digitalis may be early recognized and the drug temporarily discontinued.

HEART BLOCK: PARTIAL AND COMPLETE.

The forms of irregularities previously described are all dependent upon the result of stimuli arising in some abnormal manner. *In heart block, the disturbed action of the heart is due to the stimulus from the pace-maker failing to reach the ventricles.* In other words, to failure of conductivity through the Bundle of His. This failure may be partial or complete.

In complete heart block, the stimuli from the auricles are entirely cut off and the ventricles assume a rate of their own which is usually much slower than the normal pulse rate, falling to forty, twenty, or even ten beats per minute. On palpating the radial pulse, we are at once struck with the decided slowing in the rate of the pulse and, on placing the stethoscope over the heart, we note the absence of the ventricular sounds at the apex during the intermissions of the pulse. If a graphic tracing is made of the radial and jugular vessels, we can demonstrate that the auricular contractions are much more frequent than the ventricular.

The symptoms presented by patients with complete heart block are usually quite characteristic. In addition to the slow pulse, they have attacks of cerebral anemia, resulting in syncope. These are especially likely to occur when the radial pulse rate is less than thirty per minute.

Coincident with these attacks we usually have evidence of circulatory failure such as shortness of breath and perhaps swelling of the extremities.

Complete heart block is always a serious condition, indicating as it does decided alterations in the cardiac muscle. These patients usually succumb sooner or later during one of the attacks of syncope.

Partial heart block, while readily diagnosed by means of polygraphic tracings of the radial and jugular vessels, sometimes escapes detection by ordinary methods of examination. The condition should be strongly suspected when, with the palpating finger on the radial artery, we note pulse intermissions with coincident absence of the ventricular sounds at the apex. The condition is most likely to be mistaken for an extra systole, in which condition, however, we should be able to hear the ventricular sounds although the pulse wave may not be felt in the radial artery. The symptoms presented by patients with partial heart block are often very few, especially if the rate of the pulse is forty or over. Under exertion, however, we find that the field of cardiac response is distinctly limited. Shortness of breath and vertigo are not uncommon. The prognosis in such cases depends upon the general state of the heart muscle. If our tests show this to be good, the patient may live five, ten or even twenty years without discomfort.

Treatment: In treating a case of heart block, it is important to determine the cause if possible. Cases of syphilitic origin usually yield to antisyphilitic treatment and good results may be expected. If the condition is dependent on a degenerative disease as is frequently the case, our therapeutic results are not so brilliant. Iodide of arsenic, chloride of gold and iodide of mercury are the most generally useful remedies.

From the Doctor's Note Book: Case 1.—Varicose veins of lower extremities for several years, extreme degree of swelling; for several inches above ankles, skin dark red; constant, severe pain. Advised an operation, and aspirin to palliate, with unsatisfactory results. Her duties as mother of a large family required that during the day she spend much time on her feet. Gave calcarea fluoricum 6x, no change in her daily habits. The pain ceased, the swelling reduced about 50 per cent, and the general condition so much improved that an operation has been postponed.

Case 2.—Blood pressure 190, weight above normal, vertigo, languor. Glonoin 6x, kali carb. 3x. Blood pressure reduced to between 160 and 165, vertigo gone, feels in every way better.

Case 3.—Ptomain poison, bloody, involuntary, frequent stools; after several days abdomen began to distend and increased until it became very tense. This I thought indicated paresis of muscular coats of intestines. Measures used failed until I tried pituitin, one ampule hypodermically. The distension rapidly, in less than twenty-four hours, disappeared. It had no effect on the stools.

Case 4.—High blood pressure, labored, noisy respiration when asleep, exhaustion and dyspnea from walking half a block. Loud eructations. Had been taking sodium nitrite without appreciable benefit. I advised kalmia and argent nit. In short time breathing became normal, patient walked without fatigue, eructations ceased, blood pressure reduced.—*Weirick, The Clinique, Oct., 1914.*

THE JOURNAL

OF THE

American Institute of Homœopathy

SARAH M. HOBSON, Ph.B., M.D. . . . . EDITOR

JOURNAL COMMITTEE

J. P. SUTHERLAND, M. D., Chairman J. RICHEY HORNER, A. M., M. D.
CHARLES E. SAWYER, M. D. WILBERT B. HINSDALE, A. M., M. D.
SARAH M. HOBSON, Secretary of the Institute

Publication of an article in the Journal does not thereby secure the endorsement of the American Institute of Homœopathy. The Journal is the publicity organ of the entire Institute membership and is conducted by the Journal Committee in behalf of good-fellowship and medical progress.

Address all communications to The Journal of the American Institute of Homœopathy, 917 Marshall Field Building, Chicago, Illinois.

Vol. VII DECEMBER 1914 No. 6

EDITORIAL

A Friendly Journal. The *Cincinnati Medical News* believes the fable of the North Wind and the South Wind. Old Æsop knew full well that the warm south wind would separate a man from his cloak sooner than the north wind would whisk it away. Not once only, but several times during the current year the Editor of the *News* has shown his catholicity toward honest medical work wherever found, and specifically has recognized homœopathic therapeutics as an integral part of medical science. In a recent editorial (October, 1914,) is the following comment on Dr. Wood's paper, "A Chapter from a Possible Work on Border-Land Diseases" (J. A. I. H., July, 1914,) and the Handbook being prepared by Dr. Copeland and his committee:

The *Cincinnati Medical News*, being an avowed enemy of narrow sectarianism, hereby heartily welcomes such a work. This journal holds that the so-called regular school of medicine would stultify itself were it to revert to the prejudices and bigotry which it has fortunately cast aside since a new school of medical thought has arisen. Wonderful have been the advances made in bacteriology, in laboratory analyses, in serum and vaccine therapy. The modern physician employs every method which modern science has proved useful. Hence, he should welcome every opportunity to acquire truths in whatever guise.

The book now being prepared on the lines the writer of this has attempted to show will afford an excellent opportunity for a study which indeed may "go a long way toward breaking down the barriers between the two schools."

Unfortunately not all prejudice and bigotry have been cast aside, but there is veritable progress. The South Wind of tolerance is more effective than the North Wind of bitter antagonism. Progress means constructive work rather than destructive fighting. *S. M. H.*

A Timely Recognition. Another evidence of fairminded recognition of ability in the ranks of homœopathic practitioners appears in the new edition of Ballenger's work on Nose, Throat and Ear. Dr. Alfred Lewy, Associate Professor in Nose and Throat at Hahnemann College of Chicago, was selected to contribute the new section on Functional Tests for Hearing. We do not presume that Dr. Lewy was chosen because he was on the Hahnemann faculty, but the fact that he took a medical degree from Hahnemann after his degree from the College of Physicians and Surgeons, and that he is on the faculty of a homœopathic college did not deter the author from recognition of ability. Dr. Lewy has given a long period of clinical service to the Illinois Eye and Ear Infirmary and has won an enviable record in his surgical career. *S. M. H.*

The Future of the Surgical and Gynecological Society. The attention of the readers of the JOURNAL is called to the business minutes of the Surgical and Gynecological Society published on another page of this issue. While the discussion, as indicated in the records, was limited to the problem of cooperation of hospitals and medical colleges to secure the year's internship as a requisite to medical practice, there is another part of the president's address which should receive consideration. Shall the affiliated societies be societies of specialists, or shall their membership lists represent only "an accredited application blank and a check for dues paid?" The O. O. and L. Society has taken the initiative which should obtain in the other societies. Definite evidence of special work done, preferably a

thesis demonstrating the writer's ability or a record of consecutive cases properly attested would give a character to the organization of greater value than aggregation of names on the membership roll and dollars in the treasury. *S. M. H.*

The Opportunity of the Individual Member. The November JOURNAL containing the membership lists is in the hands of each member of the Institute who is on the mailing list of the JOURNAL. So long as the edition holds out a copy will be sent to any member of the Institute not a subscriber to the JOURNAL, upon personal request. Patients are constantly traveling or changing their residence. It is a matter of convenience and safeguarding the health to have at hand the names of physicians trained in homœopathic therapeutics. By reference to the States' List of Institute membership, every member has the opportunity of placing in the hands of a traveling patron the addresses of such physicians as may serve to tide over an emergency of unexpected illness in a strange place. There is also an opportunity for each member to inspect the list in his own community and enlist his neighbor who is not on the membership roll in an active interest in the Institute. The following editorial from the pen of a man who writes from actual experience is worth reading more than once, so as to emphasize the value of personal opportunity and responsibility. *S. M. H.*

The Institute Membership. There still remains without the pale of the Institute membership a large majority of the homœopathic physicians of the United States and Canada. The great problem is, so far as the Institute and American homœopathy are concerned, to make the Institute so attractive that these men can ill afford not to become members. Many of us already believe the work of the Institute is now of such a character as to make it well worth the time and expense of every homœopathic physician in this country to affiliate himself with it. Evidently, however, a good many of the homœopathic physicians of this country do not share that feeling. It therefore behooves us who are members, first, to do everything within our power to enlarge

the scope of the Institute, making it in every way broad, liberal and scientific. And secondly to enter upon a campaign for the purpose of obtaining additional membership which, in the past, has been sporadic rather than persistent.

The undersigned in 1913 was the chairman of the committee on new members. Because of the fact that the admission fee had been lowered, a most strenuous effort was made to canvass the entire United States and Canada by organizing each State under a State chairman and each county under a county chairman. It was hoped by this method of personal solicitation that at least one thousand new members could be secured. Four hundred and forty-five new members were actually secured, of which number eighty-one were graduates of that year and, under the ruling of the Trustees referred to, were exempt from dues for one year. The meeting of that year was held in Denver and a very large per cent of the applicants came from the Middle West and West. This year the Institute was held on the Atlantic seaboard and only one hundred and ninety-four additional names were added to the membership roll, notwithstanding that even more favorable conditions regarding admission prevailed. In reviewing the work of 1913 the writer desires especially to emphasize the fact that the larger number of new members was secured by members who resorted almost entirely to personal solicitation.

What are the conclusions to be drawn from the foregoing observations? 1. Successful work in the way of securing new members is impossible without thorough organization. The writer found that his work clashed with that of the propagandistic committee and in his opinion the propagandistic committee should have permanently in charge the work of securing new members, the efforts of that committee being continuous and uninterrupted by the yearly appointment of new chairmen. 2. That committee should thoroughly organize the country under various sectional chairmen, personal solicitation supplanting the more informal efforts made by circular letters, etc. 3. To quote from the closing paragraph of my report last year: "What the American Institute of Homœopathy needs more than all else is the spirit of

aggressive propagandism with a determination to make of it the most earnest, the most popular, the most liberal, and the most democratic organization in the United States. If, however, this is accomplished the burden of propagandism cannot rest upon the shoulders of a few only. It is necessary to have the sincere and hearty co-operation on the part of each and every member of the Institute." *J. C. W.*

Homœopathic Practice in South America. As reported in the business minutes of the Institute session, Dr. Frederick Dearborn of New York was the official delegate of the Institute to the Homœopathic Institute of Brazil during the past summer. An interesting report of medical practice in the southern hemisphere has come to the JOURNAL office, but the delay of promised photographs for illustration makes publication in the December issue impossible. Americans are good travelers, and the long-continued war in Europe is sure to increase travel in hitherto less frequented countries. *S. M. H.*

Comment on Place of Meeting.—The comments under Correspondence comprise the essential points of all the communications received since July. The discussion illuminates the mutual responsibility of the individual member and the trustees. It would be incredible and unfortunate if 3,000 mature citizens were of so monotonous mental type as not to provoke discussion. The constitution rules that the Trustees shall select the place of meeting. The Trustees are elected by the members present at the annual meeting. At Atlantic City, the members present were not pleased with the decision of the Trustees and twice referred the question back to them for reconsideration. At the October meeting, a majority of the Trustees present voted for Portland. Under similar circumstances in 1909, the Board established the precedent of ratifying the action of a special meeting at the regular meeting in December. The discussion is closed. Now let the members at large and the Board coöperate to make the 1915 meeting a success. S. M. H.

ANNOUNCEMENTS

Meeting of the Board of Trustees

The regular December meeting of the Board of Trustees of the American Institute of Homœopathy is called for Friday, December 11, 1914, at 10 a. m., at Dr. Sawyer's Sanitorium, White Oaks Farm, Marion, Ohio.

By order of the President.

Applications for Membership in the American Institute of Homœopathy

The following applications for membership have been duly endorsed by the Board of Censors:

Theodore M. Agnew, M. D., Pittsburg, Kans.
Bayley Burton Bachelder, M. D., Portland, Ore.
Ulysses Simpson Boyer, M. D., Kansas City, Mo.
Wm. Estcourt Swain Jackson, M. D., Forrest City, Ark.
C. Cayton A. Mentzer, M. D., Philadelphia, Pa.
Harry Lawry Shaffer, M. D., Latrobe, Pa.
Agnes C. Thorpe, M. D., Brayton, Nebr.
Horace Teal Haverstock, M. D., Sharon, Wis.
George A. Kelley, M. D., Canton, Ohio.
Ernest F. Sappington, M. D., Washington, D. C.
Herman H. Thym, M. D., Kansas City, Mo.

Representation upon the Board of Governors, A. C. S.

In accord with the action at Atlantic City, the following were nominated from the affiliated societies of the Institute. From this list, six will be selected to serve on the Board of Governors:

From the O. O. & L. Society: Drs. George B. Rice, Boston; Royal S. Copeland, New York; Burton Haseltine, Chicago.

From the Obstetrical Society: Drs. George R. Southwick, Boston; Walter G. Crump, New York; Gilbert FitzPatrick, Chicago.

From the Surgical and Gynecological Society: Drs. Scott Parsons, St. Louis; Charles E. Sawyer, Marion, Ohio; DeWitt G. Wilcox, Boston.

Binding the Journal

Covers for Volume VI of the JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY have been sent to all subscribers making the request. As long as the supply lasts, they will be sent out upon receipt of a postal card addressed to the office of the JOURNAL, 917 Marshall Field Building, Chicago.

PORTLAND IN 1915

T. Edward Costain, Chairman of the Transportation Committee

Read this carefully and make up your mind to take the boat. To the great mass of the medical profession who have always wanted to see their own country and have always meant to some time, this trip offers a great opportunity when you realize that with our own train stopping where we will and seeing all there is to be seen without additional hotel bills, it must appeal to you. See your own country in the best possible way and at a minimum expense. You can return any way you want to, to see other sections of this great country of ours.

Leaving Minneapolis, the largest primary wheat market of the world, over the rock-ballasted rails of the Minneapolis, St. Paul and Sault Ste. Marie railway, popularly known as the "Soo Line," the train passes through the famous lake country of Minnesota, the rolling plains of North Dakota and the great wheat fields of Western Canada.

The city of Calgary is reached, the most important as well as the most handsome city between Winnipeg and Vancouver. It is a remarkable city in many ways. Its growth has been the most phenomenal ever witnessed in America. From a settlement of less than 5,000 people in 1901, the city has grown to a population of close to 80,000, with some of the most beautiful and substantial buildings in the Dominion. At this point the Canadian Pacific has just completed its latest hotel, "The Pallister."

Shortly after leaving Calgary the ascent of the mighty Canadian Rockies begins, and then for over 600 miles a continuous panorama of bewildering magnificence is presented—majestic mountains, snow capped peaks, startling precipices, wondrous glacial fields and peaceful valleys—"Fifty Switzerlands in One" is the expression used by world-wide travelers in describing the magnitude of the Canadian Rockies. Our first stop in the mountains is at Banff, the gateway to the Canadian National Park, and situated on the south bank of the Bow River, near the mouth of the Spray. The scenery in the vicinity is incomparably grand and diversified. Short drives may be made to Tunnel Mountain, Buffalo Park and Bow River Falls.

Thirty-four miles west of Banff we arrive at Lake Louise station and immediately on arrival board a motor train for a trip of 2½ miles up the mountain to Lake Louise. Of the beauty of Lake Louise there is no divided opinion; every visitor to its shores sings its praises and it is acknowledged by the most competent judges to be one of the great masterpieces of

Nature's handiwork. As a gem of composition and coloring it has no rival.

Situated on the verge of the water is the Chateau Lake Louise.

From Lake Louise it is an easy ascent to Mirror Lake and Lake Agnes, which nestle among the clouds, encircled by majestic peaks.

The scheduled stop here will enable the party to also visit Moraine Lake and Valley of the Ten Peaks.

After leaving Lake Louise Station we come to the Great Divide, where nature divides the waters, one rivulet flowing to the Pacific Coast and the other to Hudson Bay and ultimately to the Atlantic.

Between Lake Louise Station and Field, near the summit of the Rockies, one of the greatest engineering feats of the century has been accomplished. To reduce the steep grade of the western slope of the Rockies, the line has been lengthened and two immense spiral tunnels have been driven through the solid rock, each tunnel with approaches making a complete loop of track.

Field, B. C., surrounded by majestic peaks and tremendous glaciers, beautiful lakes and mighty waterfalls, is our next stop.

Leaving Field we descend the Kicking Horse River through the lower Canyons. Mountain walls rise vertically for thousands of feet on either side, and down this vast chasm go railroad and river together, the former crossing from side to side to ledges of solid rocks, and it seems hardly possible there is room enough for railway and river to run side by side. Our next stop is Glacier in the shadows of Mountain Sir Donald, which rears its mighty head a mile and a half above the railroad. Glacier lies in the midst of a region of mighty peaks and glaciers, woods and waterfalls. It is only an hour's walk from the station to the Great Glacier of the Selkirks.

From Glacier, descending the western slope of the Selkirks, the route follows the valley of the Illecillewaet through Albert Canon, a marvelous gorge of great depth and startling fascination, where a stop of ten minutes will be made.

Short stops are made at Revelstoke and Sicamous, after which the Thompson and Fraser rivers will be followed to the Pacific Coast.

Vancouver, on the shores of Burrard Inlet, is the largest and most important business center in British Columbia, having a population of 130,000. The special pride of Vancouver is its harbor, which is one of the finest on the Pacific.

Victoria, which has been aptly described as a transplanted section of Old England, is charmingly situated and has many beautiful residences, fine parks and handsome Government

buildings. A stop of two and one-half hours will be made to visit points of interest.

Puget Sound

Sailing from Vancouver at 10:00 a. m., on one of the Canadian Pacific's famous Princess steamers, the trip on Puget Sound to Victoria and thence to Seattle will be a most enjoyable feature.

GENERAL NEWS

California. Dr. M. A. Barndt, formerly of Milwaukee, has located permanently at Long Beach.

Dr. F. S. Barnard is at Hermosa Beach recuperating after a serious operation for gallstones.

Dr. Guy E. Manning of San Francisco was down at the Southern meeting, representing the *Pacific Coast Journal of Homœopathy*. Without any disparagement to any one else, Dr. Manning is the widest known and the most popular "Guy" in the homœopathic profession in California.

The officers of the Southern California Society elected for the coming year are: Joseph H. Kirkpatrick, Los Angeles, pres.; H. A. Atwood, Riverside, 1st vice-pres.; M. Len Hutchins, Los Angeles, 2d vice-pres.; Robert A. Campbell, Los Angeles, sec'y and treas.

Physicians in California are rejoicing over the defeat of the "Drugless Practice Act," which was hardly expected. No organized or systematic efforts in opposition were made until about ten days before election, while the supporters of the bill had been working hard and spending a great deal of money for months.

Dr. Sarah Millsop of San Diego has gone to Loma Linda Sanitarium for the winter.

Delaware. Among the distinguished guests at the state society meeting at Wilmington in November were: Dr. J. P. Cobb of Chicago, dean of the Hahnemann Medical College of Chicago; Dr. C. A. Burrett, dean of the Homœopathic Medical School of Ohio University; Dr. W. B. Hinsdale, dean of the Homœopathic Medical School of the University of Michigan, and Dr. W. A. Pearson, dean of Hahnemann Medical College of Philadelphia.

The following officers were elected for the ensuing year: President, Dr. George R. Foulk; vice-president, Dr. C. W. Hughes; secretary, Dr. Victor D. Washburn, and treasurer, Dr. Harrison W. Howell. All the officers are residents of Wilmington. The two latter-named officers were re-elected.

At the meeting the legislative committee was instructed to co-operate with a similar committee representing the Dela-

ware State Medical Society in an effort to have abolished the present system of annual state license fees.

At the recent annual meeting of the Homœopathic Hospital of Wilmington, the following officers were elected: Dr. J. Paul Lukens, president; Dr. Egmont T. Negendank, vice-president; Dr. Lewis W. Flinn, secretary and treasurer. Chiefs of staffs were elected as follows: Surgical department, Dr. Lewis W. Flinn; medical department, Dr. E. T. Negendank; maternity, Dr. Irvin M. Flinn; eye and ear department, Dr. J. Harmer Rile; dental department, Dr. Horace Betts; consulting oculist, Dr. W. W. Speakman, Philadelphia; pathologist, Dr. E. O. Bullock; skiagrapher, Dr. Julian Adair; consulting genito-urinary surgeon, Dr. V. D. Washburn.

Florida. Dr. George A. Davies has succeeded to the practice of Dr. Henry R. Stout of Jacksonville. The death of Dr. Stout removes an aggressive worker from the southern field.

Dr. J. Burnie Giffin of St. Augustine has been appointed by the Governor to the vacancy on the State Board of Homœopathic Medical Examiners, where Dr. Stout has served for many years.

There are only twenty-two members of the Institute in the whole state of Florida. In a state so frequented by northern visitors, there should be many a good opportunity for homœopathic therapeutics.

Illinois. Dr. Vaughan, president of the Chicago Homœopathic Medical Society, has introduced an innovation of two meetings each month. The earlier one in November was given over to materia medica and the second one to the discussion of diphtheria and scarlet fever. The dates are the first and third Thursdays, at Hotel Sherman, at eight-thirty.

Massachusetts. The Department of Clinical Research and Preventive Medicine has arranged a series of free public health talks for this winter on Tuesdays, at 8, in the Evans Memorial, 80 E. Concord St. The Health Commissioner of Massachusetts, Dr. Allan J. McLaughlin, gave the first address—"The Importance of Public Education in the Prevention of Disease." The second was "The Obligations of Fatherhood" by Dr. John L. Coffin. The course is under the auspices of the Mass. Homœopathic Hospital. The lectures for December are "The Public Press and the Prevention of Crime," by Dr. Hugh Cabot; "Our Children—What Shall We Do with Them?" by Dr. Edward P. Colby; "The Truth About Twilight Sleep," by Dr. Edwin W. Smith; "Rheumatism" by Dr. Alonzo G. Howard.

There is an excellent opportunity for "a brilliant young homœopathic physician with surgical ability" to succeed to the practice of a man who wishes to retire. The location is within

60 miles of Boston in a town of 70,000. To the right man financial arrangements will be made easy. Smith's Homœopathic Pharmacy in New York City is in possession of the details.

The Italian translation of Dr. Francis MacCarthy's book, which was commented upon in the November JOURNAL, is already finished and will be published by a Milan (Italy) publishing house before the new year.

The death of Dr. Bell removes from the Boston circle one of the most striking characters of the older group of practitioners.

Dr. Marion Coon announces removal to 483 Beacon St., where she continues her special work in chemical and microscopical analysis.

Missouri. The State Society of Missouri, the Missouri Institute of Homœopathy, has decided to adopt the plan of the American Institute of Homœopathy and carry some of its meetings into the less densely populated areas. This change of plan grew out of the recommendations of President Parson's address at the 1914 meeting. Joplin, a city in the southern part of the state, in the center of the lead and zinc industries, has been chosen for the 1915 meeting.

At the recent meeting of the American Association of Progressive Medicine, the following members of the Institute were honored with office: Dr. L. M. Ottofy, president; Dr. William A. Guild, first vice-president; Dr. L. C. McElwee, secretary.

Dean Runnels of Kansas City says he cannot fill the demands for homœopathic practitioners in the great Southwest, to which Kansas City is the gateway.

Mr. Arthur Warren Smith, the Field Agent of the Council on Medical Education, reports enthusiastic response from the alumni of the Kansas City Medical College at the prospect of increasing the efficiency of the college of the Southwest. Following are quotations from personal letters:

"I am wonderfully interested in our school of medicine. We undoubtedly have the right system, and we ought to be willing to assist in perpetuating the institutions and profession that practices that system, and in no better way can we do this than by joining forces with the organization that represents that school. I wish that every member of "1912" would become a member of the American Institute of Homœopathy. It is made up of strong men and women of brains and purpose, who are taking up the vital questions of the day, and putting their shoulders to the wheel of progress. Let us all help, and at the same time not forget our own Alma Mater."

"If all the homœopathic colleges go out of business, who will take our place when we flicker out? The plan they are working on is a good one."

New Jersey. Dr. Robert L. Leighton announces removal to 216 Tuttle Ave., Spring Lake.

New York. The Utica Homœopathic Hospital Association expect to break ground for their new hospital, which will cost about $200,000. Homœopathy is alive in Utica, with its club of twenty-five members, and a fine hospital in prospect.

The Medico-Chirurgical Society of Central New York, a live homœopathic organization, will meet on December 3, and will have Dr. Laidlaw of New York, Dr. D. B. Jewett of Rochester, N. Y., and others as essayists. During the afternoon Dr. E. R. Sprague will conduct a Surgical Clinic, and Dr. Fifield will conduct a Throat Clinic for the benefit of the members, at the Syracuse Homœopathic Hospital.

The Onondaga County Homœopathic Society is still alive and working for homœopathy. The society has just lost one of its members in the death of Dr. E. H. Flint, a practitioner in Syracuse.

The annual report of the Syracuse Homœopathic Hospital, just published, shows that during the year there were 831 patients treated, forty-two deaths, 174 births, 422 operations. Homœopathy can show something yet.

Among the Syracuse men: Dr. J. Willis Candee, a senior in the Institute, retires from active practice after thirty-five years of work, and will spend his time in travel and study. Dr. B. W. Sherwood is compelled to give up active work temporarily, on account of ill health. Dr. L. S. Henry (Mich. '12) has taken unto himself a wife, and has returned from his honeymoon to routine work.

Dr. Emet W. Meyer of New York City has recently accepted a position under the South American Development Company, Guayaquil, Ecuador.

Dr. Melvin D. Smith, a Senior in the Institute, has retired from practice in Glens Falls and is making his home with a son in Pelham.

Dr. Cora Smith of Washington, D. C., is spending a belated holiday under the auspices of the Empire State Campaign Committee, speaking on "How Equal Suffrage Works in the State of Washington."

Oregon. The State meeting was held in Portland November 18th and 19th. Dr. Miller reports from his visit in Kansas City in October that the work being done in behalf of the Kansas City College is giving promise of excellent results.

Pennsylvania. Dr. William McKenzie announces removal to 322 North 63rd St.

The training schools for nurses in the Crozer Hospital and in the Hahnemann Hospital have sent out in their recent graduating classes, fine and capable young women into the nursing field.

Dr. F. P. Kelly entertained the Physicians' Motor Club in November at Hotel Walton.

Dr. Ellen Walker of Sharon entertained the Women's Pittsburgh Association at their November meeting. Dr. Loos presented a paper which evoked a lively discussion.

Dr. Mary Branson entertained the Women's Medical Society of Philadelphia for the November meeting, at which Dr. Seward presented the paper of the evening.

Dr. William G. Kinsley, formerly of Whitman, Mass., has received appointment to the Homœopathic Hospital of Reading.

OBITUARIES

We will meet life's complexities honorably, loyally, bravely. If there is life beyond this life, we will face it when it comes.—Van Baun.

James Bachelder Bell, M. D., was born in Monson, Piscataquis County, Maine, February 21, 1838; he died in Boston, September 26, 1914, having rounded out more than seventy-six years of life. His father, who was of English-Irish descent, graduated from Amherst College and was a lawyer by profession. Dr. Bell did not enjoy robust health in his early youth and did not pursue a college course, although he prepared at the Monson Academy. In due season he began the study of medicine with his uncle, Dr. William C. Bell of Middletown, Conn. He completed his studies in Philadelphia, graduating from the Hahnemann Medical College of Philadelphia in 1859. Following his graduation he spent more than a year in European study and travel, spending most of his time in Vienna. On his return he practiced medicine for a short time in Skowhegan, Maine, his father's home, but soon selected Augusta as his field of work. Here he had a very large and successful practice, for he had in addition to a sound medical training, a genial, attractive personality, a force and certainty which inspired confidence, and a tactfulness that made many friends. In 1880, after about twenty years of practice in Augusta, he moved to Boston, undoubtedly through the influence of Dr. William P. Wesselhoeft, who, in addition to a strong friendship for Dr. Bell, had long recognized his ability as a physician. For the remainder of his life, or for thirty-four years, Dr. Bell practiced medicine in Boston with notable success. His private practice was extensive, and his services were in demand by colleagues as a consultant. He devoted himself preferably to surgery, for which he was by nature and training well adapted. In 1862 he passed examinations for a surgeoncy in the army, but did not enter active service. He became, however, examining surgeon for the pension office, and during 1867 and 1868 filled the post of city physician in Augusta. Dr. Bell was throughout his life a consistent and ardent adherent to homœopathy of the strict Hahne-

mannian order, and his medical influence radiated throughout a wide professional and lay circle. Dr. Bell did things from conviction and was as sound, from principle, in medicine as he was in religion.

His homœopathic affiliations were very numerous. He joined the American Institute of Homœopathy in 1868, the Boston Homœopathic Medical Society in 1881, the Massachusetts Homœopathic Medical Society in 1885, the Massachusetts Surgical and Gynecological Society in 1899, the International Hahnemannian Association in 1881, serving as President of the Association in 1891, and the Boston Society of Homœopathicians at the date of its founding in 1903.

In 1874, while he was still practicing in Augusta, Doctor Bell delivered a course of lectures on Tumors at Boston University School of Medicine, and, after his removal to Boston, from 1879 to 1893, he was connected with the chair of surgery of that institution as lecturer.

He became connected with the surgical staff of the Massachusetts Homœopathic Hospital in 1881 and served continuously until 1910, when he resigned active service. He was elected to the Board of Trustees of the Hospital in 1905, where he had opportunity to make use of his hospital experience and his influence in conducting the affairs of the hospital. In 1869 Dr. Bell published a monograph on "Homœopathic Treatment of Diarrhea." It was classical from the standpoint of homœopathic materia medica. This was his chief medical literary production.

As a man, Dr. Bell possessed traits which endeared him to his relatives and friends. He had a sense of humor which coupled with a remarkably retentive memory made him an agreeable host and companion. He was very fond of music and in his earlier days found pleasure and relaxation in playing the flute. He had an artistic temperament, which manifested itself in many ways. He had some facility in the use of water colors and for years spent much of his summer holiday in sketching and landscape drawing, until the avocation became too arduous and interfered with the rest he needed. For recreation he later took up astronomy and found great pleasure in the use of the telescope.

A distinctly human touch is found in his fondness for domestic and pet animals—it being a distressing experience for him to give up his horse for an automobile; also, in his fondness for nature in all her moods, the sea and the mountains appealing to him with more than ordinary force.

His aptitude for mechanical things led him not only into surgery, but to read with great regularity the *Scientific American*. The precision of thought connected with mechanics, possibly, aided Dr. Bell somewhat in forming habits of unusual punctuality. It was one of his habits and successes in life to meet his appointments promptly.

It was naturally in his religious views that Dr. Bell's chief characteristics showed themselves. He was a student of the Bible, was uncompromising in his convictions, and as a conservative orthodox trinitarian was not drawn to "Modernism" in any of its forms. He was strictly "Evangelical" and was honestly outspoken without being

controversial. He was practical in his religion and was deeply interested in Home Mission work and especially in the Rescue Mission of Boston. Although not an aggressive prohibitionist, he heartily approved of teetotalism.

Such are some of the characteristics of our late colleague, Dr. Bell, who as a faithful homœopathist, a capable surgeon, an earnest and upright Christian spent so many years of his active and useful life among us. J. P. S.

Henry R. Stout, M. D. Henry Rice Stout was born in Westfield, N. Y., on March 17, 1843, where he spent his boyhood and obtained his early education.

At fifteen he entered Kenyon College, Gambier, Ohio, but left college at the outbreak of the Civil War in order to enlist in the army. He joined Co. A, 134th Vol. Inf., serving with distinction in that Regiment throughout the war. At the close of hostilities he matriculated at Hahnemann Medical College of Chicago, graduating from that institution with the Class of '68.

He was married in Chicago to Miss Mary Eddy, May 7, 1869. The Doctor practiced his profession in Chicago from the time of graduation until the year 1875, when he removed to Jacksonville, Fla.

Here he enjoyed a large general practice up to the time of his death. Dr. Stout's life was a busy and exceptionally useful one. He not only took a keen interest in medical affairs, local and national, but was ever active in civic and state welfare. His faith in the homœopathic law of cure was unbounded. An ideal type of the family physician, endowed with a strong personality, his presence in the sick room was ever an inspiration.

Dr. Stout had been a member of the Institute since 1882 and was elected First Vice-President in 1912. Was also a member of the Southern Homœopathic Medical Society, its President in 1891 and Treasurer at the time of his death. He was Ex-President of the Florida Homœopathic Medical Society, President of Homœopathic State Board of Examiners, Visiting Physician to the Home for the Aged and a member of the staff of St. Luke's Hospital of Jacksonville; President of the Public Library Association, a member of the Board of Trade and was affiliated with the Masonic Order, as well as of prominent clubs in his home city.

Dr. Stout was a consistent member of the Episcopal Church. He was author of the work "Our Family Physician" and a contributor to many medical journals. While visiting in Chicago last summer the doctor met with an auto accident, from which he apparently never quite recovered. His death occurred very suddenly during an attack of cardiac asthma, on Oct. 14, 1914, at the home of his daughter, Mrs. A. O. MacDonell, in St. Augustine, Fla. His wife preceded him to the grave seven years ago. He leaves two daughters, Mrs. J. Denham Bird, of Jacksonville and Mrs. A. O. MacDonell, of St. Augustine; also a son, Mr. Harry B. Stout, of Jacksonville, and other relatives in the North. With the passing to the Great Beyond of Dr. Henry R. Stout, the American Institute of Homœopathy loses a strong member, the

Homœopathic School a staunch defender, his clientele a family physician of a noble type and his bereaved family a devoted parent.

G. A. D.

Prosper Bender, M. D., formerly of Quebec, Canada. Reported by Dr. T. M. Strong, Boston, Nov. 16, 1914. Enquiries made at the hotel where he had an office for many years give the reply that Dr. Prosper Bender is dead. No particulars.

SOCIETY PROGRAMS

Northeastern Ohio Homœopathic Medical Society. Reported by Dr. J. Richey Horner.

The Northeastern Ohio Society held its regular fall meeting with Dr. and Mrs. G. J. Damon, Medina, as host and hostess. An interesting feature was that a number of the members appeared attended by their wives, adding much to the social success of the gathering. Clevelanders were present in full force, the most of them doing the thirty-mile drive in their automobiles. Taken altogether, very nearly one hundred guests sat down at the bountiful dinner provided by Mrs. Damon and friends of the Christian Church of Medina.

President George H. Irvin presided over the meetings of the society, reading an address of such importance that it was referred to a special committee of three for consideration and report. Of general interest was the president's recommendation that the society go on record favoring the amendment of the state constitution providing for the prohibition enactment, and said resolution was presented and adopted with two dissenting votes, pledging the society to activity in the effort to have the prohibition amendment adopted at the election, November 3.

The treasurer reported the Society in good financial condition, while an accession of eight new members, nearly all of them graduates of 1913, gave promise of continued vitality. Of particular interest was the presentation to the Society by Dr. H. F. Staples of the interest of the new Homœopathic College at the Ohio State University, and of more than particular interest was the presence of Professor A. E. Hinsdale, who is in charge of the chair of materia medica in the new institution. Dr. Hinsdale reported fifty students actually at work; the new hospital actually opened; the new histological laboratory in actual use; a freshmen class of fifteen; and a respectable sized pre-medical class getting ready for 1915. It was inspiring and convincing and hopeful.

The following program was presented: "Business Methods Past and Present," Dr. W. A. Mansfield; "A New Treatment for Dysmenorrhea," Dr. N. T. B. Nobles; "Methods of Teaching Materia Medica," Dr. J. E. Rowland; and "Chronic Headaches," F. A. Morrison.

Taken altogether, the occasion was one long to be remembered, and in every sense enjoyable. Adjourned to meet in Akron in April, 1915, the guests of the Summit County Clinical Society.

Oklahoma Institute of Homœopathy. Semi-annual session at Muskogee. Reported by Dr. W. W. Osgood.

Report of a case.....Dr. M. E. Ray, Bartlesville
Uterine Malpositions.....Dr. W. W. Osgood, Muskogee
Pernicious Vomiting of Pregnancy.....Dr. L. E. DeVasher, Muskogee
Eclampsia.....Dr. W. H. Harlan, Yonkers
Some Well Tried Remedies.....Dr. L. S. Cunningham, Tulsa
Wanted: A Diagnosis.....Dr. B. Johnson, Avant
Treatment of Typhoid Fever.....Dr. S. B. Leslie, Okmulgee
Cholera Infantum.....Dr. C. A. Nafus, Eram
Autotherapy: Discussion.

Homœopathic Medical Society of Delaware State and Peninsula. Reported by Dr. Victor D. Washburn.

The 30th annual session of this society presented a new feature at its November meeting, in the general surgical clinic conducted by Dr. D. Roman and the medical clinic of Dr. G. Harlan Wells, both of Philadelphia. Dr. Wells' subjects were cardiac arrhythmia, mitral regurgitation, and aortic stenosis. Demonstration of modern diagnostic methods was presented and therapeusis discussed.

Another feature of the meeting was the exhibition of various photographic views taken of x-ray examinations.

Interesting papers were read by a number of local medical experts and others by some of the guests.

In the evening Dr. Julian Adair and Dr. Edgar Q. Bullock, both of Wilmington, read a joint paper on "Operative Appendicitis." The discussion on this subject was opened by Dr. H. L. Northrop of Philadelphia. In opening up the discussion Dr. Northrop brought out the point that surgeons of England are now advocating the early operation of cases of appendicitis, whereas twenty years ago they rather ridiculed appendicitis and called it the American disease. The discussion was very interesting and was participated in by all those present. "Appendicitis—Its Medical Treatment," was presented in an interesting paper by Dr. Mitchell Greenwood. The discussion on this subject was opened by Dr. O. S. Haines of Philadelphia. Dr. John Lee Fisher gave a paper on "Arthritis Deformans." The discussion on this paper was opened by Dr. William R. Williams of Philadelphia.

Southern California Homœopathic Medical Society. Reported by Dr. A. C. Cowperthwaite.

The Twenty-fourth Annual Meeting of the Southern California Homœopathic Medical Society was held in Los Angeles, at the Alexandria Hotel, October 14th and 15th. Over one hundred were in attendance. The officers were:

Dr. Frank D. Bishop, Long Beach.....President
Dr. Joseph H. Kirkpatrick, Los Angeles.....1st Vice-President
Dr. Alice Huntington Anderson, Los Angeles.....2nd Vice-President
Dr. Robert A. Campbell, Los Angeles.....Secretary-Treasurer

Thirty papers were read, most of them of a high order. The discussions were all unusually interesting and instructive. The Presi-

dent's address dwelt chiefly on legislative matters and especially the impending vote on an initiative petition for a drugless act. The latter provides to license as "Doctors" any one who has practiced any sort of drugless healing for six months previous to its passage without any examinations or moral qualification. No educational standard of any kind is required for preparation of medical study. It gives the right to sign birth and death certificates and any other necessary public certificates or documents. It permits the drugless practitioner to do all kinds of operations and treat the sick as he sees fit. This would admit to practice in this state about 5,000 ignorant and incompetent men and women. The present law provides for Osteopaths, Christian Scientists and other "natural healers" who possess sufficient education and a good moral character. President Bishop recommended the appointment of a special publicity committee to work against the passage of the act. The following Committee were appointed: Dr. W. E. Nichols, Pasadena; Dr. W. H. Stiles, San Bernardino; Dr. F. B. Kellogg, Los Angeles.

The session closed with a unique and highly successful entertainment, including some fine stereopticon views of Yosemite and other California scenes, given by Dr. T. C. Low. Ten new members were admitted.

If any of the readers of the INSTITUTE JOURNAL are inclined to favor the now popular "initiative, referendum and recall," in politics, just let them spend a year in the law-ridden state of California, and they will be very liable to change their minds. A few disgruntled and designing politicians can get almost any vicious proposition before the voters, and the latter in their ignorance of the facts, are quite liable to vote it into the organic laws of the state. There are forty-eight propositions to be voted on next week, and among the worst of them is the "drugless healer act." The Committee appointed is hard at work, as are also similar committees from the State Medical Society, the Osteopathic Society and the Druggists' Association, but we await the final result with considerable trepidation.

British Homœopathic Society. Reported by the Secretary, Dr. A. G. Sandberg.

The November meeting of the session was held in the London Homœopathic Hospital, Great Ormond Street, W. C.

Dr. Wynne Thomas (President) in the chair.

Dr. A. Speirs Alexander reported an eye removed from an infant on account of Glioma of the Retina, and presented microscopical slides of the same.

Dr. John Weir, London, read a paper entitled: "Homœopathic Philosophy; Its Value in the Treatment of Chronic Diseases."

American Association of Clinical Research. Reported by the Secretary, James Krauss, M. D., Baltimore, November 5, 6, 7, 1914.

Clinics at the Maryland General, the Hebrew, the Biedler-Sellman and the Howard Kelly Hospitals.

Business session at Loyola College.

Papers:

Energies in Atoms.....E. Stillman Bailey, M. D., Chicago

Radium Bromide versus Mesothorium Bromide.....
.....Prichard von David, M. D., Boston

Pulmonary Tuberculosis: Diathermia. Demonstration of Technic.
.....Albert C. Geyser, M. D., New York

Address of welcome from the Honorable James H. Preston, Mayor of Baltimore.

President's address: Why your Eyes never See the Truth.....
.....Leonard Keene Hirshberg, M. D., Baltimore

What the Subconscious is Not.....
.....Professor Knight Dunlap, Ph. D., Baltimore

Therapeutic Methods.....James Krauss, M. D., Boston

Colloidal Products: Ultramicroscopic Demonstrations.....
.....Herman Hille, Ph. D., Chicago

Colloidal Silver in Acute Endocardial Diseases.....
.....J. Gutman, M. D., Brooklyn

Heart Stimulants: Observations. Series III.....
.....F. C. Askenstedt, M. D., Louisville, Kentucky

Arsenization: Yellow Fever and Asiatic Cholera.....
.....Reginald B. Leach, M. D., Paris, Texas

Hematopoiesis.....F. St. Clair Hitchcock, M. D., New York

Uterine Fibroids: Roentgen Ray Treatment.....
.....Jefferson D. Gibson, M. D., Denver

Why Uplifters and Reformers are Deficient in Senses.....
.....Leonard Keene Hirshberg, M. D., Baltimore

Do Fish Perceive Colors? Have Flounders a Color Sense?.....
.....Professor S. O. Most, Ph. D., Baltimore

Animal Behavior in Man..Professor John B. Watson, Ph. D., Baltimore

Experimental Pharmacology.....
.....Edwin Lightner Nesbit, M. D., Bryn Mawr, Pennsylvania

Acidity: A Study of Cause and Effect..John Aulde, M. D., Philadelphia

Medicinal Therapeutics.....Daniel E. S. Coleman, M. D., New York

Pressure Anesthesia. Demonstrations..Dr. R. Kendrick Smith, Boston

Neisserian Proctorrhea...Bernard Asman, M. D., Louisville, Kentucky

Subjective Symptoms in the Diagnosis of Rectal Diseases.....
.....F. H. Williams, M. D., Boston

Psychanalysis: Its Methods and Value..Sheldon Leavitt, M. D., Chicago

The Surgery of the Female Generative Organs.....
.....L. F. Newton, M. D., Boston

The Englewood Homœopathic Medical Society. Reported by Dr. Della M. MacMullen, Secretary.

Dr. L. S. Ingersoll was host to the November meeting and presented the following program:

Physiology and Pathology of Blood Pressure.....
.....Dr. H. V. Harbert, followed by Dr. Clifford Mitchell

Pneumonia.....Dr. Chas. Berrien Hall, followed by Dr. E. A. Taylor

Connecticut Homœopathic Medical Society. Reported by the Secretary, Dr. Samuel Worcester.

The sixty-fourth semi-annual meeting of the Connecticut Homœopathic Medical Society was held at the Hotel Elton, Waterbury, on Tuesday, October 20, 1914.

The society was called to order at 11 o'clock by the President, Dr. Frederick H. Wilcox of Willimantic.

The Secretary read the minutes of the annual session, which were approved.

The privileges of the Society were extended to all visiting physicians.

The by-laws were suspended and the Secretary was instructed to cast one ballot for Dr. E. C. M. Hall of New Haven to succeed himself as member of the State Medical Examining Board for the ensuing five years.

Dr. Clarence N. Payne of Bridgeport in behalf of the Committee on Memorial Resolutions on the death of our late associate Dr. C. E. Sanford of Bridgeport, presented the same and they were accepted and ordered to appear in the transactions of the Society.

A very general but informal discussion then took place as to the present requirements of the State Examining Boards; the question of reciprocity, etc. There seemed to be a strong feeling in favor of a wider exercise of reciprocity than is now possible under the laws, and also that the present requirement that an applicant for a license must have had a certain course in biology and taken at a certain period in his educational course, would act as a bar to admitting many competent men to examination.

Dr. Bina Seymour of Springfield, a graduate of the New York Homœopathic Medical College and Flower Hospital, 1913, was elected to membership.

The following papers were read and discussed:

1. The Higher Dilutions in the Treatment of Eye Diseases, by Dr. Augustus Angell of Hartford.

2. The Early Treatment of Syphilis, by Dr. E. Everett Rowell of Stamford.

3. The Plan and Scope of the Lumbar Incision, by Dr. Joseph H. Fobes, F. A. C. S., of New York city.

4. Radium, its Present Status as a Therapeutic Agent, by Dr. William H. Dieffenbach, Professor of Physical Therapeutics New York Medical College and Hospital for Women.

5. Clinical Paper, "One Hundred Emergency Shots," by Dr. Royal E. S. Hayes of Waterbury, read by title.

6. The Abatement of Prostitution, by Dr. Edward Beecher Hooker of Hartford. Owing to the lateness of the hour but few were present to hear Dr. Hooker's able and scholarly paper, and the expression was general that it be presented at the annual meeting in May next, when it is planned to have a program of Sociological Medicine.

The meeting was a very interesting one and all the papers presented were of a high order and valuable.

The society adjourned after a vote of thanks to those from New York who had so courteously contributed to the interest of the session.

BUSINESS MINUTES OF THE SURGICAL AND GYNECOLOGICAL SOCIETY

Reported by the Secretary, Dr. Scott Parsons.

The Fifteenth Annual Meeting of the Surgical and Gynecological Society of the American Institute of Homœopathy was held at Atlantic City, New Jersey, July 2nd and 3rd, 1914, at the Hotel Chalfonte. The first session was called to order Thursday, 3:30 p. m., by the President, Dr. H. R. Chislett, of Chicago.

The minutes of the preceding meeting were read by the Secretary, Dr. Scott Parsons. There were no corrections, and it was ordered that they stand approved.

Dr. Parsons then read the Treasurer's report. On motion by Dr. Hassler, seconded by Dr. Woods, it was ordered that this report be referred to the Auditing Committee.

Drs. Fobes, Costain, and von Bonnewitz were appointed members of the Board of Censors.

A Nominating Committee was appointed, consisting of Drs. Hassler, Koons, and Aldrich.

The second session was called to order Thursday evening, at 8 o'clock.

The Chairman of the Nominating committee reported as follows:

President, Claude A. Burrett, Ann Arbor.

First Vice-President, G. S. Coon, Louisville, Ky.

Second Vice-President, L. Y. Ashcraft, Philadelphia, Pa.

Secretary-Treasurer, Scott Parsons, St. Louis, Mo.

On motion by Dr. Walton, duly seconded and carried, the Secretary was instructed to cast the ballot of the Society for those named.

Dr. Wood: I desire to call the attention of the Society to the fact that it is encumbent upon us, in order to comply with the requirements of the American College of Surgeons, that we nominate three Fellows, necessarily members, who are already Fellows of the American College of Surgeons, for membership in the Board of Governors of the American College of Surgeons. I move you, sir, that a committee of three be appointed for the purpose of presenting such nominees during this session. I would suggest that those who are Fellows hand their names to the Secretary so we will know whom to choose from.

Dr. Hassler: Seconded.

Motion carried.

Dr. Wood was appointed Chairman, with instructions to select the other two members.

Friday, 11:30 a. m.

Meeting called to order by President, Dr. H. R. Chislett.

Dr. Fobes, as Chairman of the Board of Censors, reported as follows: Dr. E. J. Burch, Carthage, Mo.; Dr. Wm. E. George, Indianapolis, Ind.; Dr. Alonzo G. Howard, Boston; Dr. Sarah M. Hobson, Chicago; Dr. E. W. Kellogg, New York; Dr. Margaret H. Shantz, Reading, Pa.; Dr. Martin Budlong, Providence, R. I.; Dr. A. W. Atkinson, Trenton, N. J.; Dr. C. T. Haines, Utica, N. Y.; Dr. F. C. Hadley, Camden, N. J.; Dr. F. A. Kelly, Detroit.

On motion by Dr. Wood, seconded by Dr. Lee, they were duly elected to membership.

Dr. Chislett: I did not expect, ladies and gentlemen, to take a single moment of your time, but as President of this Society I wish to thank you for the courtesy extended, and for the very fine program which through the energies of your Secretary we have been able to furnish this year. Now that the applicants have all been accepted, however, I think it would be wise for us to have some thought as to whether or not we wish to make this Society a society for specialists. I mean by that whether a certificate of membership in the Surgical and Gynecological section of the American Institute of Homœopathy should mean more than an accredited application blank and a check for the amount of money necessary for entrance. In other words, should we make it a token of not only respectability, but of specialization? I simply offer this as a suggestion. Of course it seems to me personally, that if we demand a high professional standard, a higher moral standard, and the highest ethical standard for membership in this association, the influence would be world-wide.

There is one other thought that I wish to state, if I may be allowed about two minutes of the time. I think those not connected with educational institutions do not realize what a burden it is becoming to conduct medical colleges. I am firmly of the opinion that if our medical colleges should fail, the membership in our national, state, and local societies would certainly be very greatly lessened, and with the lessening of membership there would be a distinct lessening of influence.

You perhaps do not realize that the colleges of the present day are obliged to raise at least three dollars for every one dollar paid in by the students, and that is in order to compete with the best institutions of the dominant school. It is felt that independent homœopathic sectarian schools are necessary, and that we will have to preserve the standard which is at least equivalent to the best in the old school. There has never been a time in the history of homœopathy when the opportunity was present for advancement of this standard in so fine a form as at the present time. Homœopathic colleges should work in harmony, and be more closely affiliated if necessary. They should have the best educational foundation, and the highest standards of the best universities for matriculation and graduation should be absolutely lived up to. We should go one step further. We should have an organization of all the hospitals under homœopathic control, so that we can demand what we believe is essential, compulsory interneship in hospitals, and we could, with proper organization, arrange assistantships in these homœopathic hospitals, so that members of the profession who wish to specialize from the beginning could spend from three to five years in those hospitals, and pass from there accredited into the American College of Surgeons.

I offer this as a suggestion. I apologize for the time. My thanks are sincere, and my appreciation of your loyal support very earnest. I thank you.

Dr. Wood: Your Committee has selected the following names to

be recommended for appointment on the Board of Governors of the American College of Surgeons: Drs. Scott Parsons, C. E. Sawyer, and DeWitt G. Wilcox.

President Chislett: You have heard the recommendation of the Committee appointed to offer candidates for election to the Board of Governors of the American College of Surgeons. What is your pleasure?

Dr. Hassler: I move that we endorse the Committee's recommendation.

Dr. Lee: Seconded.

Motion carried.

Dr. Roberts: There is a little matter of business that I would like not to let go by at this time. Our President made, in a very low, quiet voice this morning, some remarks of exceeding importance. These remarks relate to the policy of this Society which is a part at least of the American Institute of Homœopathy. As he says, there is an opportunity now, and that opportunity is not always going to be with us, to take an advanced stand. While I have no plan to suggest it seems to me that it would be perfectly proper for this body to ask the President to appoint a Committee upon the "President's Address," if we may so dignify those few words—and it is one of the best I have ever heard. While it may not be possible to bring this matter before the American Institute at the last meeting tomorrow, it is very important, and I do think it should go over until the next meeting. I will make a motion that the President appoint a Committee of five to take this matter seriously under consideration. The Committee should be composed of five very strong men.

Dr. Hassler: Seconded.

Dr. Cole: I would suggest that a Committee of five, including the President, be appointed.

Dr. Hassler: I wish to say that when this organization started it had no direct connection with the American Institute. That was thirteen years ago, when Dr. Roberts was Secretary. We then determined to publish our own transactions. We simply came under the guidance of the American Institute. I believe, therefore, that this Committee appointed by the President should decide alone as to our policy without any consideration of the American Institute.

Dr. Chislett: I should like to ask if you meant to include the possible organization of the different hospitals under homœopathic control?

Dr. Roberts: The President's address brought forth that one thing. I would move that a Committee be appointed on the President's address, with full power to act. In regard to the Institute, that must be decided at some later time.

President Chislett: You have heard the motion made and seconded. All in favor say "aye." Contrary "no."

It is so ordered. I will make the appointment of that Committee later. I think that that Committee is one of such importance that we had better discuss that a little on the outside. We want men of influence in the different hospitals.

Dr. Hassler: I move you, Mr. Chairman, that whatever this Committee should decide upon that we accept *in toto* their action.

Dr. Atkinson: Seconded.

Dr. Chislett: That is placing a big responsibility on five pair of shoulders.

Dr. Hassler: I would like to discuss this one second. If we wait until next year to report your action we will waste a whole year. We are giving your Committee a chance to do something for us while waiting, and when we get here next year it will have been done, and we can go ahead on a firmer basis.

Dr. Chislett: Before putting the motion, ladies and gentlemen, I would like to be sure that you understand what I meant, in regard to the opportunity for homœopathic schools. The time is coming as sure as fate, when there will be demanded a hospital year by the American College of Surgeons, and also the Council of Medical Education. I think it will not be delayed more than two or three years. In fact, just as soon as the members of the old school find that they have hospital positions sufficient to accommodate graduates, the law will go into effect. If we can anticipate that by one or two years it will be a feather in our cap. One college alone cannot do it. We must be uniform. We must have uniform entrance requirements, uniform curriculum, and as I have advocated so many years before the College Alliance of our own Institute, we ought to have the privilege of the interchange of students and teachers. This is the only way to combine our forces in order that we may stand up against the opposition, with millions of dollars of endowment, strong universities, state appropriations, and state institutions.

Are you ready for the question?

Dr. Atkinson: I would like to supplement Dr. Hassler's suggestion that it be well understood that the Committee shall have full power to act within their possibilities this summer.

President Chislett: You have heard the motion which has been seconded. All in favor say "aye." Contrary "no." It is carried.

There is nothing left to say but thank you, one and all, for your loyal support, for your courtesy, and also for our Secretary's excellent work.

Dr. Hassler: I move that we adjourn.

Seconded.

Carried.

Relative Values.—The first in importance, though the last to be considered, is the problem—how to decide among the conflicting claims of various subjects on our attention. Before there can be a rational curriculum, we must settle which things it most concerns us to know; or, to use a word of Bacon's, now unfortunately obsolete—we must determine the relative values of knowledges.—*Spencer.*

BOOK REVIEWS

A Text-Book of the Diseases of the Nose and Throat. By Jonathan Wright, M. D., Director of the Department of the Laboratories, New York Post-Graduate Medical School and Hospital and Harmon Smith, M. D., Surgeon to Throat Department of the Manhattan Eye, Ear, Nose and Throat Hospital; Clinical Professor of Laryngology and Rhinology, Cornell University Medical School. Octavo, 683 pages, with 313 engravings and 14 plates. Cloth, $5.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

The rapid advance in rhinology and laryngology has for some years made it impossible to choose a text-book for students which they themselves would not find in many ways deficient.

It is a pleasure therefore to welcome this volume by Wright and Smith which serves the purpose as well, we believe, as any single volume can. It is of necessity too condensed to have much to offer the trained specialist, but it gives the student remarkably well chosen material covering the field of nose, throat and mouth diseases.

Questions of etiology and pathology are given prominence in a way that is directly helpful to the clinician.

Each author seems to have written of those branches in which he is especially experienced and the entire book has a delightfully practical flavor.

The illustrations are unusually well suited for helping to an understanding of the text, and the typographical quality of the book could not be better. *B. H.*

A Message of Health. By Russel C. Markham, M. D. Cloth, 123 pages, 75 cents, net. Philadelphia. Boericke & Tafel. 1914.

The Therapeutic Value of the Potato. By Heaton C. Howard, L. R. C. P., London. 31 pages, 50 cents, net. Paul B. Hoeber, New York.

Dietetics: or Food in Health and Disease. By William Tibbles, LL. D., M. D., L. R. C. P., M. R. C. S., L. S. A. Medical Officer of Health, Fellow of the Royal Institute of Public Health, etc. Octavo, 627 pages. Cloth, $4.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

Here is a group of books on diet, each indicating in its own characteristic way the growing recognition of the importance of the food whereby life is sustained.

The first is a book dedicated to all who by "study and self-denial" are willing to pay the price of health through dietetic measures. Tables of food values and body requirements are quoted from Government Bulletins, from Insurance Companies' Reports and from the work done for the Child Welfare Exhibit by Columbia University.

A strong appeal is made to unite physiological knowledge with self-control and character-building.

The second is a modest and withal convincing presentation of the virtues of the humble potato, rich in its potash salts. It has ever been a matter of ordinary household knowledge that the water unpeeled potatoes have been boiled in is "good for chapped hands" as well as effective in cleaning kitchen utensils; also that

a fresh baked potato is one of the favorite articles of food for the growing child. Any effort which will place the facts of food chemistry before the laity in convincing fashion is worth while.

The third book is a scholarly presentation of the whole subject of dietetics from the hand of a master. After all the laboratory work has been done, the physicians' task is to differentiate his cases and fit the prescribed diet to the individual.

Transactions of the 50th Annual Session of the Homœopathic Medical Society of the State of Ohio. May 11 and 12, 1914. Columbus. Edited by R. O. Keiser, secretary, and J. G. Keiser, assistant secretary. Published by The Publishing Committee, 1914.

The fiftieth session of this state society was a notable gathering and has already been commented upon in the JOURNAL. This volume of business minutes and papers places the record in permanent form for ready reference. The list of officers since 1864 contains many names also familiar in Institute activity. The doctors, R. O. and J. G. Keiser, president and secretary for the current year, are well equipped for efficient executive work.

Blood Pressure: Its Clinical Applications. By George W. Norris, A. B., M. D., Assistant Professor of Medicine in the University of Pennsylvania; Visiting Physician to the Pennsylvania Hospital; Assistant Visiting Physician to the University Hospital; Fellow of the College of Physicians of Philadelphia. Octavo, 372 pages, with 98 engravings and 1 colored plate. Cloth, $3.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

Experimental and clinical data are presented in well-balanced order.

Diseases of the Skin, Including the Acute Eruptive Fevers. By Frank Crozer Knowles, M. D., Instructor in Dermatology in the University of Pennsylvania; Clinical Professor of Dermatology, Women's Medical College of Pennsylvania; Fellow of the College of Physicians of Philadelphia, etc. Octavo, 546 pages, with 199 engravings and 14 plates. Cloth, $4.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

The striking feature of this work is the series of illustrations most of which are from the author's own cases.

Local Anesthesia: Its Scientific Basis and Practical Use. By Professor Dr. Heinrich Braun, Obermedizinalrat and Director of the Kgl. Hospital at Zwickau, Germany. Translated and edited by Percy Shields, M. D., A. C. S., Cincinnati, Ohio, from the third revised German edition. Octavo, 399 pages, with 215 illustrations in black and colors. Cloth, $4.25, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

This book is certain of a wide reading as local anesthesia supplants in wider measure general anesthesia.

A Group of Second Editions

Practical Homœopathic Therapeutics. Arranged and compiled by Dr. W. A. Dewey, M. D. Second edition. Revised and enlarged. 426 pages. Cloth, $2.50, net. Philadelphia. Boericke & Tafel, 1914.

A Text-Boot of Pathology. For Students of Medicine. By J. George Adami, M. A., M. D., LL. D., F. R. S., Professor of Pathology in McGill University, Montreal, and John McCrae, M. D., M. R. C. P., (London), Lecturer in Pathology and Clinical Medicine in McGill University, formerly Professor of Pathology in the University of Vermont. Second edition, enlarged and thoroughly revised. Octavo, 878 pages, with 395 engravings and 13 colored plates. Cloth, $5.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

Nervous and Mental Diseases. By Joseph Darvin Nagel, M. D., Consulting Physician to the French Hospital of New York. Member New York Academy of Medicine, Honorary Member Societe Royal de Belique, etc., Physician to St. Chrysostom's Dispensary. New (2nd) edition, revised and enlarged, 12mo, 293 pages, with 50 engravings and a colored plate. Cloth, $1.00, net. (The Medical Epitome Series.) Lea & Febiger, Publishers, Philadelphia and New York, 1914.

An Epitome of Pediatrics. By Henry Enos Tuley, A. B., M. D., Late Professor of Obstetrics, Medical Department, University of Louisville; Editor Louisville Monthly Journal of Medicine and Surgery; Late Chairman of Section Diseases of Children, American Medical Association; Ex-President American Association Medical Milk Commissions, etc. New (2d) edition, revised and enlarged. 12mo, 324 pages. Cloth, $1.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914. (Lea's Series of Medical Epitomes.)

A Treatise on Diseases of the Nose, Throat and Ear. By William Lincoln Ballenger, M. D., Professor of Laryngology, Rhinology and Otology in the College of Physicians and Surgeons, Chicago. New (4th) edition, thoroughly revised. Octavo, 1080 pages, with 536 engravings, mostly original, and 33 plates. Cloth, $5.50, net. Lea & Febiger, Philadelphia and New York, 1914.

Practical Therapeutics. With Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College of Philadelphia. New (15th) edition, thoroughly revised and rewritten. Octavo, 998 pages, with 144 engravings and 7 plates. Cloth, $4.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

In this day of unrest, uncertainty and general suspicion of drug doping, there is a special opportunity for presenting to the laity the value of homœopathic therapeutics. Nauseous doses by way of the mouth will never return. Subcutaneous injections by way of the hypodermic needle will have its little day of popularity, but there will be a strong popular reaction in favor of the small amount of drug triturated in sugar of milk or dispensed in solution.

Homœopathic therapeutics has its greatest ally in utmost publicity among the laity. The testing of drugs upon healthy bodies, the careful selection according to a definite principle of action, the minimum effective dose, and the single remedy make a straightaway appeal to the thoughtful patron.

The concluding paragraph of Dr. Dewey's preface will find endorsement with all except the obstinately skeptical: "There is no prescribing that will give results equal to homœopathic prescribing, and we believe that by carefully differentiating our remedies in the practical and reasonable manner we have endeavored

to present, even the most skeptical will be convinced of the truth of this assertion."

In any professional line, theory of action does not count for everything. Personality and acknowledged scholarship arrest the attention and demand allegiance. In the next book, the names Adami and McCrae speak for themselves in the field of pathology, knowledge of which is fundamental to any technical application of therapeutics. A book on pathology which is five years old should be replaced by a new edition to meet the work constantly done in the laboratory. This volume does not take the place of Adami's larger work on pathology, as it is expressly a "text book for students of medicine." But to many a busy practitioner with limited shelf room and more limited purse it will suffice until finances and library space expand.

Two small handbooks from the Medical Epitome Series contain the essentials in neurology and pediatrics for the hasty reference of student or busy practitioner.

The name of Ballenger guarantees any published work in the field of nose, throat and ear. This well-known book has reached, not its second only, but its fourth edition. The chapters on the labyrinth have been recast with greatest care, with particular reference to class room and clinical instruction. It is a matter of especial interest to the friends of Hahnemann College in Chicago that Dr. Alfred Lewy, professor of otology in that institution and assistant surgeon in the Illinois Eye and Ear Infirmary, was chosen to rewrite the chapter on Functional Tests of Hearing. General Diagnosis of Labyrinth Disease has been presented by Dr. John R. Fletcher. The chapters on Non-Surgical Diseases of the Labyrinth and Deaf Mutism will be of particular interest to the general practitioner.

If any one doubts the prolific character of Dr. Hare's medical life, he has only to glance at the preface of this fifteenth edition, which illustrates a medical book activity of twenty-four years. The first half of the book is given over chiefly to the presentation of drug action. It is a clever substitute for the U. S. Pharmacopœia, which too many physicians appear to regard the specific property of the chemist. The latter half is taken up with Remedial Measures other than Drugs, but curiously belies its title by including compound prescriptions commonly used in traditional medicine. Any effort on the part of medical writers to send the physician to original sources for information is praiseworthy. As was written in a recent review of the Homœopathic Pharmacopœia of the United States, a first hand knowledge of the drug action of plants and inorganic substances goes far to relieve the tedium of memorizing. Any publication which will eventually send the student of drugs straight to the pharmacopœias is doing good work.

Progressive Medicine. Vol. XVI, Number 3, September, 1914. A quarterly digest of advances, discoveries and improvements in medical practice. Edited by Hobart Amory Hare and Leighton F. Appleman.

This is always a welcome publication and serves a good purpose in presenting in single volume an abstract of much medical writing.

The Practitioner's Visiting List for 1915. Four styles: weekly, monthly, perpetual, sixty-patient. Pocket size; substantially bound in leather with flap, pocket, etc.; $1.25, net. Lea & Febiger, Publishers, Philadelphia and New York.

A handy book for the physician who has not developed his own system of case record. A criticism on the world at large is that so many people do no thinking on their own account and accept even their methods of work ready-made.

Manual of Biological Therapeutics. Parke, Davis & Co., Detroit.

The publishers distribute this volume gratuitously to the medical profession upon individual application. It contains data from the laboratories of this well-known firm on sera, vaccines, ferments and all that is comprised under the phrase biologic therapeutics.

CORRESPONDENCE

Place of Meeting—1915

Since the Atlantic City session, there have been sundry comments on the place of meeting for 1915. The following sentences are quoted in chronological order in an effort to present fairly the opinions from various members of the Institute.

The Department has been changed from its customary order that as many replies as possible may be presented. Communications received after November 15th have been necessarily abbreviated.

Oregon State Homœopathic Society: If the Trustees decide on Portland in 1915 we shall do our best to have your meeting a success in every possible way.

Dr. Edward Harper, New Orleans: For seventy years the American Institute of Homœopathy has been holding its session in various places throughout the North, East, West and Middle-West, but it has never held a session in the real South. We appeal to your sense of justice and right in urging you to accept the invitation of the Hahnemann Medical Association of Louisiana to hold the 1915 session in New Orleans at any time that seems best in your judgment.

We are prepared to house the Institute and all of its allied societies in a magnificent fireproof hotel, the floor plans of which have been filed with the Chairman of the Committee on Place of Meeting. A sufficient number of rooms will be assigned for the meetings of the different committees, ample rooms for the holding of the sessions of the different sections, and floor space for ex-

hibitors will be given without charge to the organization. No one need leave the hotel from the time the meeting opens until it closes, unless he so desires.

The Institute owes its moral support to the loyal homœopaths in every section of this country. There is nothing which will accomplish so much toward the propagation of homœopathy, increasing the membership of the organization, bringing in new recruits to the cause to supply the ever increasing demands on our colleges for physicians of our school, and carrying out the purposes for which the Institute was organized, as the holding of sessions at various populous centers in the different sections that the people may learn something of what homœopathy is and what it stands for.

The homœopathic physicians of the South have been loyal. They deserve the moral support that such a meeting would give. The South is a fertile field and with proper cultivation will yield an ample return for the effort expended. Why is it that we have no successors to Orme, Dake, Holcomb, Hardenstein and many other well known southern members of the Institute, heroes of the terrible yellow fever epidemics, men who carried the banners of homœopathy to the front, some of them highly honored by the Institute, all well known and high in its councils? The answer is that the *Institute took what they had to give but in turn did not give them its moral support by holding any sessions in their field of endeavor.*

We urge you to accept our invitation, seconded by Mayor Behrman and the Chamber of Commerce on the part of the city of New Orleans. We want and need the meeting. We are prepared to take care of it. And it is our due.

Dr. Reginald Leach, Paris, Texas: We are entitled to a session of the American Institute in the Southland. New Orleans is best situated to entertain such an association.

Dr. Alfred M. Duffield, Huntsville, Ala.: There have never been stronger individual patriots in homœopathic practice than have been furnished from the South, such as the Dakes, Orme, Henry, Hardenstein, Stout, Falligant, Meyer, Harper, Fisher, Green, Hicks, Enloes, Aiken, Askenstedt, Monroe, Bayley, Holcomb, Hallman, Murrell....New Orleans can meet all the requirements for a meeting, and the smaller number of local men will make up for lack in numbers by their hospitality and genuine southern welcome. The Institute has visited all the sections of the United States except that of the Gulf Coast. Now that the Panama Canal is finished, New Orleans is possessed of an added attraction, as it is right in the path to both the Canal and the Exposition....The South is a fertile field with an assured bumper crop for the trouble of cultivation.

Dr. O. L. Smith, Lexington, Ky.: As a matter of justice to the South in what has been, in what should be and in what may

be, I trust New Orleans will get the vote for the 1915 session. Because of the discrimination against the South, I am sure that the Institute, no less than homœopathy, has suffered.

Dr. E. H. Pratt, Chicago: Believing that the committee on the next place of meeting for the American Institute desires to know the sentiments of the members of the Institute, I am writing to express my personal preference for New Orleans, La.

King County Homœopathic Medical Society, Seattle, Wash.: If the Trustees decide upon Portland as the location of the next Institute meeting we will cordially co-operate, even though it is our judgment that the best interests of homœopathy would not be advanced by having the meeting west of the Rockies at the present time.

Dr. Cora Smith King, Washington, D. C., and Seattle, Wash.: The Trustees have before them:

1. The formal invitation from the Oregon State Society.
2. The assurance of ample hotel accommodations.
3. The announcement of hospitable attention from the city of Portland.
4. Dr. Miller's personal invitation and argument.
5. The co-operation of the Washington profession if the Trustees decide to go to Portland.
6. The majority vote of the Institute members present at Atlantic City when Portland was strongly urged on account of the westward trend of travel to the San Francisco Exposition.

The facts enumerated above represent western interest. If the Trustees decide upon Portland, I believe every provision will be made for the comfort and pleasure of the Institute.

Drs. Thomasson and Snow, Georgetown, Ky.: The southern homœopathic physicians are anxious to have the next meeting of the Institute at New Orleans. Kindly keep this in mind when arranging for this meeting, as we desire very much to have New Orleans chosen for next year.

The Clinique [September, 1914]: It has been reported that Chicago would probably be chosen at the next meeting of the Trustees. To many of us this seems to be a serious mistake; in fact almost as great a one as going to Long Beach would have been. We could hope for very few of the western men to come even this far east, with an Exposition being held in the West. All of the physicians in the Middle-West and the Far-East will plan on going to California this next summer. Consequently the logical place for the meeting is on the Pacific Coast. It would not seem wise to hold the meeting where there are the attractions of an Exposition to divide interest with the meetings. Portland offers the advantages of being West, accessible, and of having good hotel accommodations. It is to be hoped that this excellent city will be chosen for our next meeting place.

North American Journal of Homœopathy: [The closing paragraph in a two and a half page editorial on The 1915 Meeting Place. October, 1914.] The *North American* believes that the 1915 Institute meeting should not be held in the East, and particularly, that a meeting at Long Beach, N. Y., is an unthinkable proposition. If Portland, Ore., cares to have the Institute go there, the Trustees should have very strong reasons for deciding upon any other place. If Portland is indifferent about the matter or does not want to have the Institute go there, the claims of New Orleans must be very seriously considered. If both Portland and New Orleans are deemed too far from the center of population, there is the whole Middle-West to choose from.

Dr. Willard A. Paul, Dorchester, Mass.: In regard to meeting place for A. I. H., 1915, I am strong for the East. Long Island, N. Y., will, I think, do most for the Institute. We must have some good big meetings the next few years. These are the years now that tell. Numbers and money are both necessary, and the numbers are in New York, New Jersey, Pennsylvania, New England, Ohio, Indiana, Illinois, Michigan and Wisconsin. I believe in going West, and they need the Institute, but can we afford it this year? I am sure the Trustees will decide just right.

Dr. W. E. Reily: Aside from the fact that the Institute voted overwhelmingly to go to Portland, a thorough canvass of the prospects for a good meeting at Portland indicate that we will gain heavily in new members and lose practically nothing financially. The Central West and Pacific Coast are particularly enthusiastic over the prospect, and our object west of the Mississippi is to make this the banner year in the percentage of membership in the American Institute of Homœopathy.

Dr. A. C. Cowperthwaite, Los Angeles: Personally, I am in favor of Portland, but that is purely a personal feeling, for I have all along had some doubts as to whether it were the best point for the meeting or not. No doubt from the standpoint of propagandism, Portland is the desirable point, though not any more so than New Orleans. There are some good reasons why propagandism is not the only argument to be considered. From the standpoint of the "financial success," I do not believe that Portland would be the best place for the meeting. However, the meeting should be held somewhere on the Pacific Coast. If that is impossible, it should be held at some point convenient for members to stop off in going to or coming from the Coast; preferably, Chicago. In saying this, I am assuming that New Orleans is out of the question.

Why not hold the meeting in Oakland? The A. M. A. will hold their meeting in Oakland, and I see no reason why we might not do the same thing. I believe if the Trustees would compromise on Oakland, it would be the very best thing they could

do in the interest of the Institute and for the personal accommodation of its members.

Therefore, I vote first, for Oakland; second, for Portland, and by all means, if we do not meet on the Coast, my next choice is Chicago.

Dr. Byron E. Miller, Portland, Ore.: Since leaving Chicago, I have heard nothing except Portland as the 1915 choice.

Dr. John B. Garrison, New York City: It is my opinion that the best interests of the Institute will be served by going to Long Beach, New York City. For obvious reasons, the Long Beach owners will give, next year, a large bonus to the Institute if it will bring the meeting here. I believe that the place which is able to assure us of the largest money consideration should have the meeting. Homœopathy is now in a position where it needs a large sum of money to spend for propagandizing purposes. Our enemies have funds with which to oppose our interests and we have comparatively none. This is a good and sufficient reason in my opinion for holding the 1915 meeting at Long Beach, New York City.

I believe also that Long Beach offers as delightful a place for holding the meetings as can be found elsewhere. It is likely to draw a larger number of members to the sessions than any other place mentioned. It is far enough from the Borough of Manhattan to give rest and quiet to those who desire it and near enough to give an opportunity to visit the College, hospitals, clinics and various pleasures to those who want that.

It gives New York City an opportunity to have a meeting of the Institute, which it has not had since 1881 and to which it seems to be entitled.

In the name of homœopathy and its propaganda, let us have the 1915 meeting of the American Institute of Homœopathy at Long Beach, New York City, and add to the needed income more than may be possible at any other place.

Dr. Charles E. Sawyer, Marion, O.: The place of meeting and the time of meeting have been determined upon. Now let us get together and do everything possible to make it one of the greatest meetings the Institute has ever had.

Dr. Belle Gurney, Chicago: After reading the November JOURNAL, I cannot help wondering "why?" One of the western doctors asked me to be one of three to canvass the members on the special train last summer to find out whether they desired to go West or East in 1915. Nearly every one was decidedly in favor of the West. Many of the detail men have expressed the opinion that there will be few exhibits going East in 1915. One communication in the JOURNAL says only three or four hundred have been consulted, while twenty-five hundred have not. The opinion of the few who go should be as valuable as that of the many who stay at home. Two thousand dollars looks good. But

money is not everything in the Institute any more than in the home. Let the Portland trip in 1915 be a real vacation, where the doctor may take his family and combine the Institute meeting with a trip through the wonderland as planned by the Chairman of the Transportation Committee.

Dr. A. H. Gordon, Chicago: The open letters in the last issue of the JOURNAL regarding the place of meeting of the Institute has been read with great surprise.

Are the wishes of the 2,500 members, who stay at home, even presuming that Dr. Norton has been correct in voicing their sentiments, which I question, to be considered or the wishes of those who made their demands in no uncertain tone at our last meeting? They, by reason of their constant attendance, are the backbone of the organization.

To support my contention that Dr. Norton is wrong in his estimate of the desires of the members, let me cite the action taken by a very largely attended regular meeting of the Chicago Homœopathic Medical Society composed almost entirely of Institute members.

At that meeting after a full discussion of the matter in all its aspects, the subject having been taken up at a previous meeting and laid over, so that everyone could have an opportunity to consider it carefully, it was unanimously voted to recommend Portland as the next place of meeting.

This action was taken not because the Chicago Society would not be more than pleased ordinarily to have the Institute meet in Chicago, but because it is the opinion of the members that the Pacific Coast is entitled to recognition and that now is the approved time, when, because of the Exposition and the European situation, the American people are going to travel toward the setting sun and embrace this opportunity of seeing their own wonderful country.

It seems to me that a visit to the great Northwest, in a body, will benefit homœopathy more than a few extra dollars in the treasury, no matter how judiciously expended.

Taking up the financial aspect of the situation, I am sure the difference in the receipts will not be as great as our pessimistic friends imagine, for exhibitors also are getting ready to visit the Pacific Coast this year.

I believe the loyal members throughout the country will not let the Institute suffer from a lack of funds for legitimate and necessary expenses. Viewing the matter from every standpoint it seems unworthy of Dr. Norton to characterize the large majority, who honestly differ from him, as a "few kickers" and to accuse them of "playing politics," or of having "personal reasons" for advocating Portland as a place of meeting.

That the Trustees acted wisely when they selected Portland at their October meeting I have no doubt. Let us hope they will ratify that action at their December meeting.

Dr. Charles H. Helfrich, New York City: I wish to go on record as favoring Long Beach and being opposed to either Portland or New Orleans. I think Dr. Norton has presented the case very fully and well. I would like to say, however, that a meeting at Portland with the fair located at San Francisco many hundred miles away would mean that even the sight-seers would hardly remain at the meeting long enough to add much to the scientific end of the meeting.

Dr. Willard N. Bell, Ogdensburg, N. Y.: I am writing you to express my preference for Long Beach as the better place for the meeting of the A. I. H. next year. The attendance will be large and the financial advantages entirely greater.

Dr. Hills Cole, New York City: On page 544 of the November issue of the Institute JOURNAL you invite comment on the action of the Trustees in selecting Portland, Oregon, as the next place of meeting. On page 559, Dr. Cobb, one of the Trustees, also invites comment from the profession.

Taking advantage of these invitations, I send you herewith, as a member of the Institute, a copy of an editorial which, in my capacity of Managing Editor of the *North American Journal of Homœopathy,* I have accepted for publication in the December issue of the same. As the *North American* does not reach the whole of the Institute membership, I think that I am within the limits of the invitation in asking you to reprint this editorial in your Correspondence column.

(From the North American Journal of Homœopathy, Editorial, December, 1914.)

The *North American* is glad to learn that the Board of Trustees of the American Institute of Homœopathy decided at its special meeting on October 10th, to hold the 1915 meeting of the Institute in Portland, Oregon, from Tuesday, July 6th, to Saturday, July 10th, inclusive. It also notes with satisfaction that the efficient chairman of the Transportation Committee, Dr. C. E. Costain, has already issued an announcement of a special train running in connection with a most attractive itinerary.

The *North American* commends the action of the Trustees not because it accords with its own editorial expression, but because it believes that it carries out the wishes of those who are most likely to attend the 1915 meeting.

The decision reached seems to have caused some hard feelings on the part of one or two of the Trustees, who apparently feel that the Trustees were under obligations to accept and adopt the reports of certain committees, irrespective of the wishes of the Institute membership.....

First, there is a letter from Dr. Joseph P. Cobb, one of the Board of Trustees and a member of its Finance Committee. This

letter starts out with the remarkable assumption that because there is no provision in the by-laws for holding a special meeting of the Trustees, and three members did not attend the meeting in Chicago, therefore that meeting was not a meeting but a conference! Anyone at all familiar with corporation law can see at once that the author of such a dictum has constructed out of parts of two well established rules, a third, which has no bearing on the legality of the meeting in question. When the by-laws specify that meetings of the Trustees shall be held at certain times, those meetings must be held, but it could not be successfully contended at law that special meetings of the directors of a corporation could not be held as often as and whenever the exigencies of the corporation's business demanded, and the business transacted at such special meetings would be the acts of the corporation, provided they did not contravene the laws of the State and the meeting conformed to one of two well-established principles—first, due notice of the meeting, such as is customary or specifically provided for directors' meetings must have been given to the members, or, second, failing due notice of the meeting, those absent from the meeting must file a "waiver of notice." In the instance in question, it is not contended that due notice of the meeting was not served upon the individual Trustees, so that no waivers were required from the absent members, and the meeting was perfectly regular inasmuch as there was a quorum present to transact business.

It follows, therefore, that the place of meeting for 1915 is no longer an open question, inasmuch as the Trustees have legally decided to hold the meeting in Portland. This action needs no ratification at the December meeting of the Board, and the only way to modify it would be for a Trustee who voted in favor of Portland to move a reconsideration of the question.....

The second letter is one from Dr. Arthur B. Norton, chairman of the Finance Committee, to Dr. Cobb, published presumably with the consent of both parties. The third, which may be considered at the same time, is from Dr. Norton to President Byron E. Miller. Dr. Norton is disgusted because the Trustees have decided in favor of Portland, and refuses any longer to be a member of the Finance Committee. (And, by the way, Dr. Norton does not seem to share Dr. Cobb's fanciful notion as to the illegality of the Trustees' meeting.) Dr. Norton's grievance is that the Trustees have failed to support the Finance Committee (thereby passing "a vote of lack of confidence," says Dr. Norton), and by so doing have ignored "the interests of a large number of our stockholders [or members]," being "swayed by a very small minority." He goes so far as to pay his fellow members on the Board the very doubtful compliment of expressing in public his belief that "at the bottom of their hearts the majority still feel it is a mistake to go to Portland, but that they did not dare to go contrary to the sentiment stirred up for personal and political reasons *by a very few.*".....

Dr. Norton's objection to the Trustees' action is based upon his belief that a meeting at Long Beach would result in greater financial profit than one held elsewhere. He understands that with a meeting at Long Beach, "$3,000 added to our treasury was guaranteed, that men in the best position to judge (sic) believe it would have been $5,000." As to these figures or any others, the *North American* is "from Missouri." But, be it noted, that the returns are predicated on a meeting: no meeting, no $5,000; not even $3,000. And yet those who make it possible to hold a meeting by their attendance are to sit quiet while a Trustee, or Trustees, elected by them, ruthlessly ignores their wishes as to where that meeting shall be held!.....

However, all said and done, the Trustees have decided to hold the next meeting at Portland, Oregon, so let us all drop further discussion of the matter right here, and pull together to make the Portland meeting a big success from the scientific standpoint, from the social and recreative standpoint, from the propagandistic standpoint, and—yes, from the financial standpoint, if the Finance Committee will get right to work and point the way.

Dr. T. H. Carmichael, Philadelphia: At the present time the most pressing need of the A. I. H. is money with which to carry out its plans for the advancement of the interests of homœopathy in the United States. All the members who attended the Institute meetings receive a stimulus in their professional lives. The Institute is not maintained, however, by those who attend its Annual Meeting. To the great majority of its membership this annual meeting is like that of any other incorporated body, a place to hear reports of the work done during the year. When its reports are published they judge whether the work done for homœopathy—which constitutes their dividends—is sufficient to justify their continued support.....A beautiful sea-side place, practically within the limits of Greater New York, which can be reached in forty minutes by electric trains from the Pennsylvania railroad station in New York City, is very desirous to have the 1915 meeting. The wealthy promoters of this growing resort, rightly appreciating the value of the advertising that would result from a visit of physicians, are ready to pay into the treasury of the Institute a goodly sum of money in addition to taking unusual care of the comfort of all who attend its sessions.

This is a somewhat similar policy to that pursued in the early history of Atlantic City, when the railroads furnished free yearly passes to the physicians of Philadelphia and vicinity in order that they would appreciate its advantages as a place for invalids and convalescents.

It is also good business policy for the Institute to go there next year, as the advantages would thus be mutual, and the opportu-

nities for good work for homœopathy would be materially strengthened.

Dr. Maurice W. Turner, Brookline, Mass.: As to place of meeting, I don't care, as I shall not go. But I object to the suggestion that the "business" be transacted by the Board of Trustees. This savors too much of the A. M. A. In fact, hasn't the Institute followed the example of the A. M. A. in many things?

Dr. T. Edward Costain, Chicago: Of the Chicago members of the Institute I have talked with, no one has been in favor of the 1915 meeting in the East, and there has been a unanimous vote in favor of the far West.

Dr. Joseph Ackerman, Asbury Park, N. J.: Long Beach from a business standpoint would be much better than Portland for a place of meeting.

Dr. Edward Harper, New Orleans: Replying to the statement in the November JOURNAL, "they did not dare to go contrary to the sentiment stirred up for personal and political reasons *BY A VERY FEW*," I beg to say that this is a positive misstatement of the facts and I resent such an imputation. No such reasons animated a single person who worked against Long Beach and for Portland and New Orleans. Each one of them has proven his loyalty to homœopathy and honestly differed with the Board of Trustees as to Long Beach being the best place to hold the 1915 session of the Institute.

Dr. Maurice C. Ashley, Middletown, N. Y.: As a business proposition, Long Beach should be the first choice of the Institute.

Dr. F. St. Clair Hitchcock, New York: The realization that every member's effort to make the meeting convene at Long Beach will earn money for the Institute treasury should make the last man or woman unselfish enough to cast the die that will help us all.

Dr. A. R. Grant, Utica, N. Y.: Long Beach is a much better proposition than Portland, in every way.

Dr. Frank A. Jacobson, Newburg, N. Y.: Portland will mean a deficit, Long Beach will mean a profit.

Dr. M. Dills, Carlisle, Ky.: I desire to register my kick to Portland; a financial loss, a falling off of attendance are my grounds.

Dr. Joseph Cook, Buffalo: Invitations of a far reaching character are out for Portland. The majority of the Trustees at the Chicago meeting squarely favored Portland. Let us be sensible and go to Portland at the right time and when the attractions are greatest and the rates the lowest. On to Portland!

AN ETHICAL PROPRIETARY FOR ETHICAL PHYSICIANS

A careful canvass shows that 75% of the Medical Profession use

Antiphlogistine
TRADE MARK

in their *regular treatment* of PNEUMONIA

Old-time Doctors renew allegiance to the original—*Antiphlogistine;* while the Younger Generation, following their example, avoid disappointment "through risky experimentation."

"I have given it up, before now, and used other preparations, but have always come back to Antiphlogistine, and will stick this time."

.....M. D. Penna.

"How a doctor can treat Pneumonia without Antiphlogistine, is beyond me. I should feel like I was flirting with an already too fatal disease."

.....M. D. New Jersey

"Have had a run on Pneumonia this spring. Used Antiphlogistine in every case. All recovered."

.....M. D. New York

"My father had Pneumonia last Winter, and if it had not been for Antiphlogistine, I don't think he would be living today. Oh, I'm strong for Antiphlogistine in chest and throat inflammation."

.....M. D. Michigan

"I wouldn't care if I were the only physician in the city using Antiphlogistine for Pneumonia—especially in children—for it saves many a child's life."

.....M. D. New York

Antiphlogistine is prescribed by Physicians and supplied by Druggists all over the world.

"*There's only ONE Antiphlogistine*"

THE DENVER CHEMICAL MFG. CO., NEW YORK

Send for our "Pneumonia" Booklet, if one has not been received

PUBLISHER'S DEPARTMENT.

Classified Advertisements.

JOURNAL subscribers are entitled to free insertion of classified advertisements under the headings: WANTED—*Apparatus, Assistant, Books, Interne, Location, Partner, Situation.* A fee of 15c is charged if answers are sent care of JOURNAL. Remittance must accompany the order.

BUSINESS EDITORIALS—No. 2

THE WAR AND BUSINESS

Business is good. Things have never seemed quite so promising for a great big year throughout 1915 as they do at this writing.

No matter where the Institute goes in 1915—no matter what it does—their Journal is going forward with an impetus which will carry it to the top.

It is going to be a great big permanent exhibit, in which advertisers are glad to exhibit, and members will be glad to attend. It is this "getting together" of advertisers and members which will accomplish the results most greatly to be desired, and we hope that both members and advertisers will help in the good work.

In 1915 we want to be a greater help than ever. We want advertisers to feel that the members welcome their announcements, and profit by them. We want members to feel that the advertisements in the Journal are worthy of their PREFERRED consideration, and to know that the Journal itself is back of every announcement, be it large or small.

With this spirit of "get together" everyone will profit—and best of all—YOUR JOURNAL.

BUSINESS MANAGER,
917 Marshall Field Bldg.,
Chicago, Ill.

(Continued on page xvi.)

A TONIC OF BROAD APPLICATION.

NO CONTRAINDICATION OF AGE OR SEASON.

GRAY'S GLYCERINE TONIC COMP.

STIMULATES THE APPETITE
AIDS DIGESTION
INCREASES ASSIMILATION
PROMOTES THE NUTRITION.

INDICATED IN ALL DISEASES DUE TO FUNCTIONAL DERANGEMENT OR NUTRITIONAL DECLINE.

THE PURDUE FREDERICK CO. 135 CHRISTOPHER ST. NEW YORK.

Fluid Extracts and Tinctures of definite potency.

When writing a prescription for a fluid extract or tincture what assurance have you that the product dispensed will be medicinally efficient?—that it will be active, yet not too active?—that it will produce the therapeutic result that you hope for and expect?

These are important questions. You can answer them decisively if your prescription calls for a product of our manufacture.

✦ ✦ ✦

Our fluid extracts and tinctures are adjusted to fixed and definite standards of strength, alkaloidal or otherwise. When chemical assays are not available, as with digitalis, aconite, ergot and a few other drugs, tests are made upon animals by methods yielding reliable data as to both quality and activity. Not an ounce of any fluid extract or tincture goes forth under our label that does not measure up to the adopted standard.

✦ ✦ ✦

Why chance results with fluid extracts and tinctures of unknown or variable therapeutic worth? The specification of "P. D. & Co." on your prescriptions will insure products that are accurately standardized—products of established quality and potency.

Home Offices and Laboratories,
Detroit, Michigan.

Parke, Davis & Co.

Publisher's Department (continued)

CHANCE FOR YOUNG HOMŒOPATHIC SURGEON.

In a New England city of 70,000 inhabitants within 60 miles of Boston.

Practice doing between $9,000 and $10,000 per year. Collections good.

And this without surgery. Good surgeon could considerably increase amount as prominent physician of Boston does all surgical work for the doctor, and pulls a nice amount out for it every year.

Will be sold on easy terms. Only a good, brilliant young homœopath will be considered, but such a man if satisfactory, may acquire this practice with very little actual cash, paying for it out of the profits.

Mr. Round, our New England representative, believes this to be an excellent opening, for the man who wishes to sell his practice is wealthy and wishes to retire.

He has been a good customer of ours, and is naturally anxious to fill his place with a man friendly to us.

Since the opening is such a good one, we shall be doing a favor to the man who succeeds in getting it.

If anyone interested will apply to us, we will put him in communication with the man who wishes to sell, who does not want his name or the name of his town published broadcast.

Smith's Homœopathic Pharmacy,
323 East 34th St., New York.

SPECIFY THE BRAND!

Every now and then one is forcibly reminded of the fact that the pharmaceutical market of today contains many so-called therapeutic agents of doubtful medicinal value—agents of indefinite and varying potency. The point was well brought out, not so very long ago, by a certain chemist who purchased in the open market ten samples of tincture of opium in which the content of morphine

The Rational Procedure

in feeding infants is to use milk modifications containing the carbohydrate producing the greatest gain in weight and causing the least diarrhoea and other disturbances.

Such a carbohydrate is

Mead's Dextri-Maltose

(Malt Sugar)

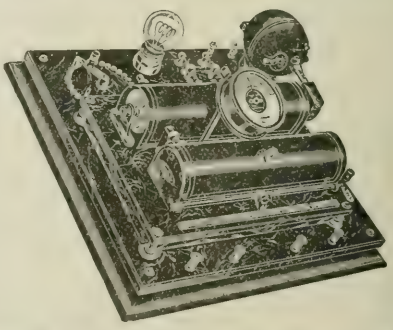
A non-proprietary, inexpensive carbohydrate, scientifically prepared for physicians, not the public.

MEAD JOHNSON & CO.
Jersey City, N. J.

SINUSOIDAL CURRENTS

are of infinite help in

Chronic Constipation and Intestinal Atony



Victor Multiplex Sinusoidal Apparatus

generates and controls all forms of sinusoidal and galvanic currents which are of proved value in therapeutics.

Write for interesting reprints giving a number of therapeutic suggestions. Sent free upon request.

Victor Electric Company

Factory and General Offices:
Jackson Blvd. and Robey Street, Chicago

Publisher's Department (continued)

varied from 2.7 to 22.8 per cent. Of three tinctures of aconite, which he examined, one was found to contain 9 per cent more of aconitine than the standard required, and another 20 per cent less. Two specimens of fluid extract of the same drug contained 18.5 per cent and 25.5 per cent more, respectively, of the alkaloid than is officially required. Samples of belladonna showed 11.5 per cent less of mydriatic alkaloids in the fluid extract of the root, and 17 per cent more in the tincture of the leaves. Some tinctures and fluid extracts of nux vomica revealed an excess of strychnine—in one case of 19 per cent.

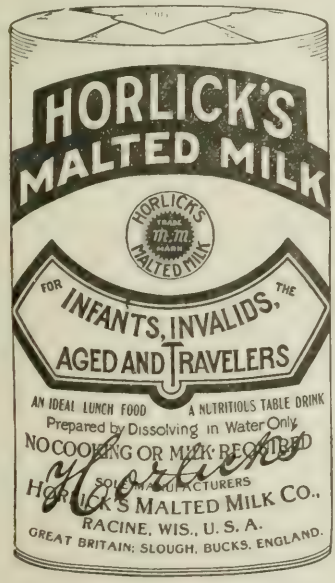
The foregoing facts are called to mind by an announcement which is appearing in medical journals over the signature of Parke, Davis & Co., bearing the title, "Fluid Extracts and Tinctures of Definite Potency," and opening with this significant question: "When writing a prescription for a fluid extract or tincture, what assurance have you that the product dispensed will be medicinally efficient?—that it will be active, yet not too active?—that it will produce the therapeutic result that you hope for and expect?"

It is well known that Parke, Davis & Co. are authorities upon the subject of standardization, chemical and physiological, and it may be confidently asserted that the practitioner of medicine who reads and ponders what is said in the announcement referred to will find that his time has been well expended. The physician's obligation to his patient, it should be remembered, does not cease with the writing of a prescription. There remains the further duty to assure himself that trustworthy products are used in compounding that prescription. When he prescribes a fluid extract or tincture the physician owes it to his patient to specify the brand—the brand of a reliable manufacturer.

READING NOTICE.

The second edition of Dewey's "Practical Homœopathic Therapeutics," just published by Boericke & Tafel, is a book that will prove to be immensely useful to *every* physician, who can diagnose a disease, and this regardless of school. The book is what it indicates, *practical*. No doctor can afford to be without a copy. Furthermore, the publishers say this fact seems to be appreciated by the profession, for the book is having a remarkable sale.

HORLICK'S



HORLICK'S

ASK FOR IT BY NAME

AND THUS AVOID SUBSTITUTION

ORIGINAL - GENUINE

HORLICK'S MALTED MILK

Its Standard of Excellency is Always Maintained

The name "HORLICK'S" implies

SERVICE, QUALITY, ORIGINALITY

BEWARE OF IMITATIONS

Horlick's Malted Milk Co.

RACINE, WISCONSIN

CHALFONTE

is a new Fireproof building of the best type, located

ON THE BOARDWALK

ATLANTIC CITY, N. J.

BETWEEN THE PIERS

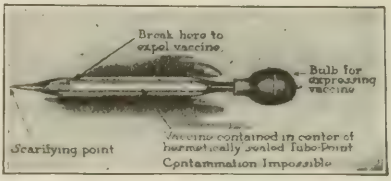
THE LEEDS COMPANY

Solicits your patronage and invites you to write for Illustrated Folder and Rates.

CHALFONTE IS ALWAYS OPEN

AN IMPORTANT IMPROVEMENT

Tube-Point Glycerinized Vaccine


Break here to expel vaccine.
Bulb for expressing vaccine
Scarifying point
Vaccine contained in center of hermetically sealed Tube-Point
Contamination Impossible

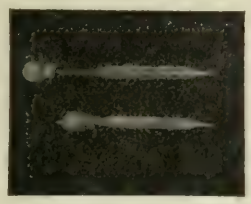
The Mulford Tube-Point is the greatest advance made in perfecting Vaccine Virus.

It furnishes a sterile point for immediate use.

It is made entirely of one piece of glass, which is easily sterilized; no joints to become loose and allow contamination of the virus.

The vaccine is hermetically sealed within the tube-point and cannot be contaminated.

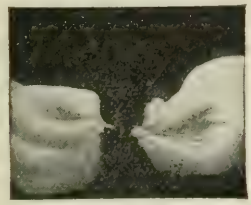
The tube-point is easy to use and does not suggest any cutting or surgical operation to the patient.



1. Place the rubber bulb over the small end of the tube-point, so that the end of the glass tube protrudes through it.

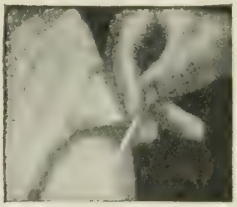
2. Scarify with the point, drawing no blood.

3. Break the tube inside the bulb.



4. Remove end of capillary tube from bulb.

5. Break off the point at the file mark.



6. Expel the virus from the tube directly on the scarified area by means of the rubber bulb and rub in virus with the end of tube

Dr. J. N. Hurty, Secretary of the Indiana State Board of Health and an Ex-President of the American Public Health Association, commends our new tube-point, as follows:

> "We are glad to receive your new vaccine points.
> "I believe these points reach perfection. It may now be said that the vaccine administration problem has been settled. The idea is easily the best one yet invented. I shall distribute a few of these to some of our most active health officers, telling them where the points came from, and recommending them.
> "I congratulate you most heartily upon this advanced improvement over previous-style points."

This will be your opinion after vaccinating with the new tube-point. Sample tube-point mailed free on request.

Supplied in packages containing 10 Tube-Points (10 vaccinations), and in packages containing 1 Tube-Point (single vaccination).

For a reliable vaccine, the preparation of which is surrounded with all of the safeguards that science has devised, SPECIFY "MULFORD VACCINE TUBE-POINT."

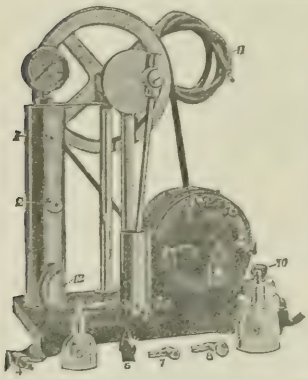
H. K. MULFORD CO., Philadelphia, U. S. A.

New York — Manufacturing and Biological Chemists — Seattle

Chicago St. Louis Atlanta New Orleans Minneapolis Kansas City San Francisco Toronto

The NEW Robertson

Compressed Air and Vacuum Machine



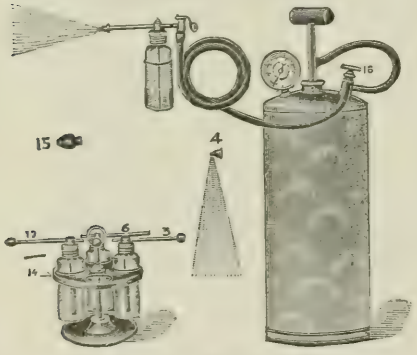
Compact
Powerful
Noiseless

Improved to the last degree of Simplicity and Efficiency. No tank required. No labor. No waiting. Pressure the instant you turn the switch. It also gives suction for hyperemia, etc. Also both aural and general massage by alternating suction and pressure. Occupying a space of 8 by 12 inches it does away with all cumbersome and expensive compressed air apparatus, and gives better service and satisfaction. Always ready. Attaches to any electric lamp socket.

Price complete for Direct Current . $50.00

Price complete for Alternating Current 55.00

Money Refunded if Not Satisfied.



The Robertson Gold Medal

Spraying and Nebulizing Outfit No. 150

Tank, pump, pressure gauge, needle valve, aseptic black rubber hose, automatic cut-off, two atomizers that spray either oil or water, universal nozzles that spray in any direction, 1 fine nebulizer, 1 powder blower, special nozzle for inflating the Eustachian tubes and middle ear, fine 4-bottle stand. The tank is beautifully finished in oxidized copper, other metal parts nickel plated. Pressure for a treatment obtained in 15 seconds working with one hand. The needle valve (16) holds the pressure indefinitely. Many physicians are discarding outfits that cost $50 to $100 and using the Gold Medal instead, because it does the same, or better work, with less than half the labor. We sell the outfit complete, as illustrated, for $10.50. Money refunded if you are not satisfied.

THE JAECKH MANUFACTURING CO.

Manufacturers of Dr. Robertson's Inventions

422 E. Eighth Avenue CINCINNATI, O.

The Homœpathic Recorder

A monthly journal devoted to the introduction of new remedies and to advancing our knowledge of the old ones.

EDITED BY

E. P. ANSHUTZ, M. D.

PUBLISHED BY

BOERICKE & TAFEL

1011 Arch St.

Philadelphia, Pa.

Price, $1.00 a year

OPPENHEIMER

HOME TREATMENT FOR

ALCOHOLISM

More than 700 physicians in Greater New York and over 3,000 in the United States have tested the efficacy of the Oppenheimer Treatment for Alcoholism.

The Rapid Remedy Co. was organized under license to the Oppenheimer Institute by prominent philanthropic citizens to place this treatment within the means of those who cannot afford an institutional or expensive cure.

The remedy furnished by the Company is identical in its curative ingredients and beneficial effects as that used at the Oppenheimer Institute, and is recommended by physicians to remove craving in from 12 to 36 hours. Its manufacture is personally superintended by Dr. Isaac Oppenheimer, the discoverer of the treatment and founder of the Institute, who is also president of the RAPID REMEDY COMPANY.

SEND FOR FREE BOOKLET

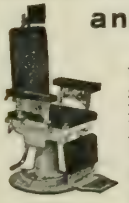
Total Cost **$5.** RAPID REMEDY COMPANY
94 NORTH MOORE ST. NEW YORK CITY

The Allison Line

of PHYSICIANS' EQUIPMENT is Complete and Guaranteed

THE physician's office looks the part when equipped in rich mahogany. Let us tell you all about our

Aseptic Irrigating Tables and Automatic Chairs



Style 8

We are offering at greatly reduced prices our discontinued styles of tables and cabinets.

Send for List No. 2

Send for Catalog

Oxford

W. D. ALLISON CO., Manufacturers
954 N. Ala. St., INDIANAPOLIS, IND.

THE

Pacific Coast Journal of Homœopathy

Published Monthly by

WILLIAM BOERICKE, M. D., EDITOR

$2.00 Per Year

It represents the interests of the State, district and local societies of California, Oregon, Washington and Idaho, giving all the Pacific coast news and publishing the papers presented at these meetings. In originality and thoroughness they are equal to the best elsewhere.

It has been, and is the chief factor in the solidification of the interests of the school in the far-west by going into the office of every homœopath on the Pacific coast, earnestly pleading for organization and for the active support of all society work.

ADDRESS

Pacific Coast Journal of Homoeopathy
391 Sutter St., San Francisco, Cal.

American Institute of Homœopathy

OFFICIAL REGISTER

September 26, 1914—September 26, 1915

OFFICERS

President, Byron E. Miller, Broadway Bldg., Portland, Ore.

Honorary President, John J. Detwiller, Easton, Pa.

First Vice-President, Harris H. Baxter, Cleveland, O.

Second Vice-President, Mary E. Mosher, Boston, Mass.

Treasurer, Thos. Franklin Smith, 264 Lenox Ave., New York, N. Y.

Registrar, William O. Forbes, Hot Springs, Ark.

Secretary, Sarah M. Hobson, 917 Marshall Field Bldg., Chicago.

BOARD OF TRUSTEES

Byron E. Miller, Portland, Ore.
Harris H. Baxter, Cleveland.
Mary E. Mosher, Boston.
Thos. Franklin Smith, New York.
Wm. O. Forbes, Hot Springs, Ark.
Sarah M. Hobson, Chicago.
J. Richey Horner, Cleveland, '12-'15.
Arthur B. Norton, New York, '12-'15.
Thos. H. Carmichael, Philadelphia, '12-'15.
John P. Sutherland, Boston, '13-'16.
Jas. W. Ward, San Francisco, '13-'16.
W. B. Hinsdale, Ann Arbor, '13-'16.
Joseph P. Cobb, Chicago, '14-'17.
W. E. Reily, Fulton, Mo., '14-'17.
Chas. E. Sawyer, Marion, O., '14-'17.

BOARD OF CENSORS

W. A. Paul, Chairman, '10-'15, 48 Charlotte St., Boston.

A. C. Cowperthwaite, '11-'16, Los Angeles, Cal.

Millie J. Chapman, '12-'17, Springboro, Pa.

Walter E. Reily, '13-'18, Fulton, Mo.

John B. Garrison, '14-'19, 616 Madison Ave., New York.

COUNSEL

Hon. Edward S. Clinch, 41 Park Row, New York City.

STANDING COMMITTEES—1914-1915

Arranged in order designated in By-Laws, Article VII.

Organization, Registration and Statistics, Thomas Franklin Smith, chairman, ex officio, 264 Lenox Ave., New York; Wm. O. Forbes. (Registrar and three others.)

Interstate. (To be appointed.) ("2 members from each state to hold office 4 years; to be appointed by the respective state societies.")

International Homœopathy, Geo. B. Peck, chairman, Providence, R. I.; Walter E. Reily. ("Committee of 5.")

Hahnemann Monument Committee, Joseph H. Branson, chairman, 1428 Massachusetts Ave., N. W., Washington, D. C.; Reuben A. Adams, Rochester, N. Y., Thomas Franklin Smith, New York City; Asa S. Couch, Fredonia, N. Y.; Cora Smith-King, Washington, D. C.

Pharmacopoeia. ("Committee of 6.")

Council on Medical Education, George Royal, chairman, Des Moines, Iowa.

H. H. Baxter, Cleveland, Ohio. (One Year.)

Willis A. Dewey, Ann Arbor, Mich. (Two Years.)

George Royal, Des Moines, Iowa. (Three Years.)

John B. Garrison, New York City. (Four Years.)

John P. Sutherland, Boston, Mass. (Five Years.)

Resolutions, J. P. Cobb, chairman, Heyworth Bldg., Chicago, Ill. (One Year); A. B. Norton, New York City (Two Years); J. A. Campbell, St. Louis, Mo. (Three Years); DeWitt G. Wilcox, Boston. (Four Years.)

SPECIAL COMMITTEES—1914-1915

(To be announced)

COMMITTEE ON PERMANENT ENDOWMENT.

CHAIRMAN, WILLIAM H. DIEFFENBACH, 1748 BROADWAY, NEW YORK.

This interest-bearing fund is under control of the Board of Trustees through its bonded treasurer, Dr. T. Franklin Smith, 264 Lenox Ave., New York City, who will receive and acknowledge receipt of all funds.

Alabama.—A. M. Duffield, Huntsville; Belle A. Ayres, Citronelle.
Arizona.—G. D. Troutman, Tucson.
Arkansas.—W. O. Forbes, Hot Springs.
California.—J. W. Ward, Eleanor F. Martin, San Francisco; S. S. Salisbury, Los Angeles; W. E. Nichols, Pasadena; H. L. Stambach, Santa Barbara; J. T. Martin, Sacramento.
Colorado.—F. A. Faust, Colorado Springs; D. A. Strickler, Denver; C. E. Fisher, Sterling.
Connecticut.—E. B. Hooker, Hartford; Stella Q. Root, Stamford; G. G. Shelton, Ridgefield; W. P. Baldwin, New Haven.
Delaware.—L. W. Flinn, Florence M. Seward, Wilmington.
District of Columbia.—T. L. Macdonald, J. B. Gregg Custis, Washington.
Florida.—H. R. Stout, Jacksonville; L. C. Phillips, Pensacola.
Georgia.—C. M. Paine, Susan M. Hicks, Atlanta.
Idaho.—R. S. Gregory, Boise.
Illinois.—J. P. Cobb, G. Fitz-Patrick, Sarah M. Hobson, Chicago; W. P. Armstrong, Springfield; A. M. Houston, Joliet; G. E. Dienst, Aurora; W. E. Neiberger, Bloomington.
Indiana.—Sollis Runnels, Indianapolis; W. H. Baker, Terre Haute; F. L. Davis, Evansville.
Iowa.—George Royal, Des Moines; A. P. Hanchett, Council Bluffs; J. W. Cogswell, Grinnell.
Kansas.—Eva Harding, Topeka; C. E. Coburn, Kansas City; Anna C. Grigsby, Concordia.
Kentucky.—G. S. Coon, Louisville; P. G. Smoot, Maysville.
Louisiana.—Edward Harper, New Orleans.
Maine.—J. T. Palmer, Portland; Mary F. Cushman, Farmington.
Maryland.—E. C. Price, C. L. Rumsey, Baltimore; C. F. Goodell, Frederick.
Massachusetts.—H. P. Bellows, Clara E. Gary, Boston; J. H. Moore, Brookline; Harriet Horner, Newton Centre; W. H. Bennett, Fitchburg; G. F. Martin, Lowell; J. H. Carmichael, Springfield.
Michigan.—S. H. Knight, Detroit; W. B. Hinsdale, Ann Arbor; Corda E. Beeman, Grand Rapids.
Minnesota.—E. L. Mann, St. Paul; H. C. Aldrich, Minneapolis.
Missouri.—J. A. Campbell, St. Louis; L. P. Crutcher, Kansas City; W. E. Reily, Fulton; E. J. Burch, Carthage.
Montana.—C. S. Thompson, Helena.
Nebraska.—B. F. Bailey, Lincoln; D. A. Foote, Martha E. Clark, Omaha.
New Hampshire.—C. S. Rounseval, Nashua; Rebecca W. Wiley, Laconia.
New Jersey.—E. V. Moffat, Orange; C. H. Wintsch, Newark; T. S. Davis, Plainfield; M. D. Youngman, Atlantic City; A. Drury, Paterson.
New Mexico.—S. G. Small, Santa Fe.
Nevada.—M. E. Smith, Carson City.
New York.—A. B. Norton, St. Clair Smith, New York City; Emily C. Charles, W. W. Blackman, E. R. Fiske, Brooklyn; R. O. Phillips, Yonkers; H. B. Besemer, Ithaca; R. A. Adams, Rochester; J. T. Cook, Buffalo; J. W. Candee, Syracuse.
North Dakota.—J. W. Vidal, South Fargo; Francis Peake, Jamestown.
Ohio.—C. E. Walton, Cincinnati; Martha A. McBride, Zanesville; J. C. Wood, Cleveland; C. A. Schulze, Columbus; J. C. Fahnestock, Piqua; J. W. Overpeck, Hamilton.
Oklahoma.—M. Ethel Miller, Blackwell; F. D. Humphrey, Oklahoma City.
Oregon.—H. C. Jefferds, B. E. Miller, Portland.
Pennsylvania.—W. W. Van Baun, H. S. Weaver, Mary A. Cooke, Philadelphia; Julia C. Loos, Anna Johnston, Pittsburgh; W. A. Seibert, Easton; Edward Cranch, Erie; Isaac Crowther, Chester.
Rhode Island.—H. A. Whitmarsh, Providence; Gertrude Gooding, Bristol.
South Carolina.—A. LeR. Smethers, Anderson.
South Dakota.—H. C. Parsons, Watertown.
Tennessee.—W. A. Boles, Knoxville; C. G. Wilson, Clarksville.
Texas.—H. P. Deady, El Paso; E. P. Howell, Houston.
Utah.—C. A. Wherry, Salt Lake City.
Vermont.—Edward Kirkland, Bellows Falls; G. T. Forbes, Burlington.
Virginia.—G. F. Bagby, Richmond; Noah Jackson, Norfolk.
Washington.—E. W. Young, Seattle; E. R. Northrop, Spokane.
West Virginia.—C. M. Boger, Parkersburg; J. W. Morris, Wheeling.
Wisconsin.—Lewis Sherman, Milwaukee; N. A. Pennoyer, Kenosha; Mary E. Bartlett, Beloit.
Wyoming.—N. R. Wettaufer, Cheyenne.
Canada.—H. M. Patton, Montreal.

FORM OF BEQUEST.

I hereby give, devise and bequeath to the American Institute of Homœopathy, a corporation organized and incorporated under the laws of the United States, and existing by virtue of an Act of Congress, its successors and assigns, the following described property, be the same real, personal, or mixed, to-wit:

(Here describe the property or name the amount of money given to the Institute.)

Said money or property, or the proceeds of said property in case the American Institute of Homœopathy in its discretion may dispose of, or convert the same property into money, to be used as an addition to, and for the benefit of the Permanent Endowment Fund of the said American Institute of Homœopathy.

REGISTER OF MEDICAL SOCIETIES.

American Institute of Homœopathy.
See pp. xxi-xxiii for officers and committees.

Surgical and Gynecological Society, Claude A. Burrett, president, Columbus, O.; Scott Parsons, secretary, Wall Bldg., St. Louis, Mo.

Obstetrical Society, Robert Milton Richards, president, Detroit; H. D. Bishop, secretary-treasurer, Cleveland.

National Society of Physical Therapeutics, E. P. Mills, president, Ogden, Utah; Franklin S. Massey, secretary, Wernersville, Pa.

O., O. and L. Society, Dean W. Myers, president, Ann Arbor, Mich.; Ira O. Denman, secretary, 425 Ohio Bldg., Toledo, O.

International Homoeopathic Council, John P. Sutherland, president; E. Petrie Hoyle, secretary, 84 Holland Park, London, West.

International Hahnemannian Association, Edwin A. Taylor, president, Chicago; Frank Patch, secretary, Framingham, Mass.

Southern Medical Association, Baltimore, November 11-12, 1914, Harry E. Koons, president; J. Leonard Jennings, secretary, Danville, Virginia.

American Association of Clinical Research, Baltimore, November 5-7, 1914. James Krauss, secretary, 419 Boylston St., Boston, Mass.

Society of Homoeopathicians, George E. Dienst, president, Aurora, Ill.; Mary Lewis, secretary, Philadelphia.

STATE SOCIETIES.

The Secretaries are requested to make corrections promptly.

ALABAMA—A. M. Duffield, Sec., Hunstville.
ARKANSAS—Scott C. Runnels, Sec., Little Rock. May, 1915.
CALIFORNIA—G. E. Manning, Sec., San Francisco. June, 1915.
COLORADO—P. G. Rowe, Sec., Denver, Sept., 1914.
CONNECTICUT—Samuel Worcester, Sec., South Norwalk. May, 1915.
DELAWARE—V. D. Washburn, Sec., Wilmington. Nov., 1914.
IDAHO—H. M. Holverson, Sec., Boise.
ILLINOIS—G. M. Cushing, Sec., Chicago. May, 1915.
INDIANA—A. A. Ogle, Sec., Indianapolis. May, 1915.
IOWA—G. A. Huntoon, Sec., Des Moines. May, 1915.
KENTUCKY—H. P. Fischbach, Sec., Newport. At Louisville, May, 1915.
LOUISIANA—F. H. Hardenstein, Sec., New Orleans. Jan., 1915.
MAINE—John C. Hayward, Sec., Camden. June, 1915.
MARYLAND—H. G. Jones, Sec., W. Lafayette Ave., Baltimore. May, 1915.
MASSACHUSETTS—E. S. Calderwood, Sec., Roxbury. October, 1914.
MICHIGAN—A. B. Smith, Sec., Grand Rapids. May, 1915.
MINNESOTA—H. O. Skinner, St. Paul. May, 1915.
MISSOURI—Moses T. Runnels, 12th and McGee Sts., Kansas City. May, 1915.
NEW HAMPSHIRE—B. C. Woodbury, Sec., Portsmouth. May, 1915.
NEW JERSEY—A. W. Atkinson, Sec., Trenton. May, 1915.
NEW YORK—B. B. Clark, Sec., 200 W. 86th St., New York City. Feb. 1915.
NORTH DAKOTA—F. Margaret Peake, Sec., Grand Forks. June, 1915, at Jamestown.
OHIO—J. G. Keiser, Sec., Columbus. May, 1915.
OKLAHOMA—F. W. Hammond, Sec., Lawton. May, 1915.
OREGON—Byron E. Miller, Sec., Portland, Ore. Oct., 1914.
PENNSYLVANIA—Irvin D. Metzger, 303 2d Natl. Bk. Bldg., Pittsburg.
RHODE ISLAND—Wm. M. Muncy, Sec., 23 Waterman St., Providence. Jan. 1915.
SOUTH DAKOTA—George H. Fulford, Sec., Sioux Falls. May, 1915.
TEXAS—Dallas. Oct., 1914.
VERMONT—G. I. Forbes, Sec., Burlington. May, 1915.
VIRGINIA—Garnette W. Johnson, Sec., Danville. Dec., 1914, at Norfolk.
WASHINGTON—Earl M. Carney, Sec., Lumber Exch. Bldg., Seattle.
WEST VIRGINIA—A. A. Roberts, Sec., Wellsburg. Oct., 1914, at Wheeling.
WISCONSIN—Mary M. Hopkins, Sec., Oconto. May, 1915.

SANITARIUMS, Etc.

Dr. Broughton's *Sanitarium*

For Opium, Morphine, Cocaine and Other Drug Addictions, including Alcohol and Special Nervous Cases. Methods easy, regular, humane. Good heat, light, water, help, board, etc. Number limited to 44. A well kept home. Address

DR. BROUGHTON'S SANITARIUM
Phone 356 2007 S. Main St., ROCKFORD, ILL.

WILDWOOD HALL

A Sanitorium-School for Treatment and Education of Backward, Nervous and Delicate Children.

Address all communications to
E. BOSWORTH McCREADY, M. D.,
909 Keenan Bldg., Pittsburgh, Pa.
Office Hours, 11 to 1, by appointment only.

The Mudlavia Treatment

is recommended for the relief of

Chronic Rheumatism, Gout, Arthritis Deformans and Neuritis

Dr. George F. Butler, our Medical Director, invites the co-operation and confidence of the family physician who sends patients to Mudlavia. The dietetic department is in charge of one of the most skilled dietitians in the United States.

Send for the "Mudlavia Blue Book for Physicians." For rates and other information address

R. B. KRAMER, Gen. Mgr. Mudlavia,
KRAMER, IND.

Our Railroad Station is Attica, Ind.

Dr. Wadsworth's Sanitarium

SOUTH NORWALK, CONN.

Mild mental and nervous patients; alcoholic and drug cases; homœopathic prescribing.

Alvin D. Wadsworth, M. D., Supt.
Samuel Worcester, M. D., Asst. Supt.

The Florence N. Ward Sanatorium

A Private Hospital for Medical and Surgical Gynæcology and Obstetrics

It is a modern fire-proof building, situated on a sunny slope, conveniently located near car lines and readily accessible to the business centers.

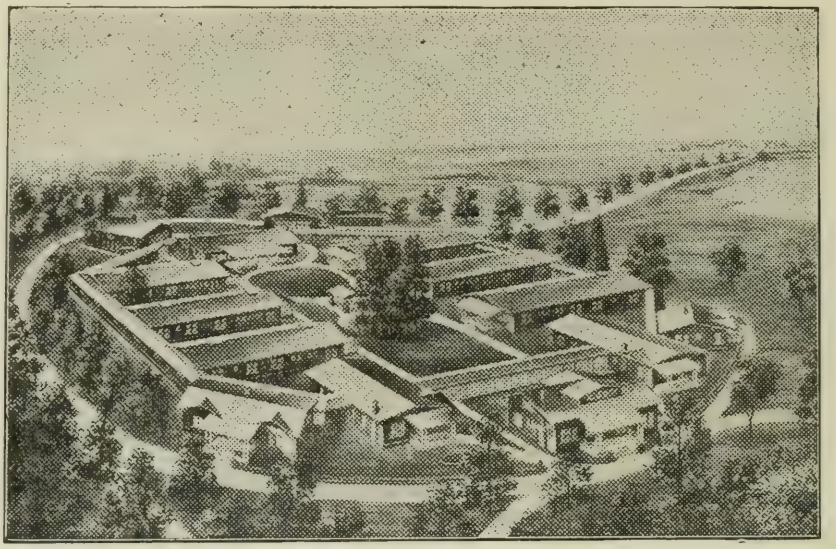
It possesses all the essentials of a perfectly appointed Sanatorium, having a complete operating suite, insuring absolute asepsis. Excellent service; only graduate nurses, together with the restfulness of the home atmosphere.

All grades of prices from wards to private rooms with bath. Open to all physicians.

Address,

MRS. L. B. LE WARNE,
1195 Bush St., San Francisco, Cal.

THE SAWYER SANATORIUM, White Oaks Farm, Marion, Ohio



Especially equipped for the treatment of all forms of Chronic, Nervous and Mental Diseases. For full particulars and descriptive booklet, address

DRS. C. E. and CARL W. SAWYER, MARION, OHIO

The Chronic Case Problem

The necessity for Institutional treatment in cases of Pulmonary Tuberculosis, Inebriety and Mental Disorders has long been recognized.
Many other chronic diseases likewise require the special attention possible in a well-ordered medical establishment.

Among the maladies to which Institutional Treatment is especially applicable may be mentioned the following: **Diabetes, Obesity** and other disorders requiring special metabolism studies and individual dietaries.
Neurasthenia, Hysteria, Nephritis and other similar cases which demand thorough diagnosis, careful treatment and special dietetic management.
Intestinal Toxemia, the mother of most chronic ailments, in which a change of intestinal flora, through radical change of diet and other special means, is essential.
In all cases requiring the use of special diagnostic methods, close medical supervision, metabolism studies, scientifically regulated diet and carefully graduated exercise, the Battle Creek Sanitarium system of treatment is of highest value.
Nearly two thousand physicians and five thousand members of physicians' families have availed themselves of the health opportunities offered here.
More than ten thousand invalids have sought and found relief through institutional treatment at Battle Creek through the advice of their family physicians.
A copy of "The Battle Creek Sanitarium System" will be mailed free to any physician, on request.

The Battle Creek Sanitarium, Box 319, Battle Creek, Mich.

PROFESSIONAL DIRECTORY

ALABAMA.

Huntsville.

Alfred M. Duffield, (*Tourist and Gen. Pract.*) 108 Franklin St.

CALIFORNIA.

Los Angeles.

Eugene Campbell, (*Medicine*), 315 S. Broadway.
Robert A. Campbell, (*Surg. Gyn.*), 403 Mason Bldg.
E. N. Chaney, (*Orif. Surg.*), 1151 Santee St.

Pasadena.

Walter E. Nichols, (*Gen. Pract.*), 115 N. Marengo Ave.

Sacramento.

Harry A. Watts, (*Gen. Pract.*) I. O O. F. Temple

San Francisco.

Edgar R. Bryant, (*Surg. & Med.*), Union Square Bldg.
A. C. Peterson, (*Eye, Ear, Nose, Throat*), 135 Stockton St.
Florence N. Ward, (*Obs. Gyn.*), 860 Hyde St.

COLORADO.

Colorado Springs.

F. A. Faust, (*Gen. Pract.*), 819 N. Nevada Ave.

Denver.

George W. Palmer, (*Gyn. & Gen. Pract.*), 418 Mack Bldg.

CONNECTICUT.

Bridgeport.

Charles P. Haller, (*Gen. Pract.*), 461 State St.

FLORIDA.

Jacksonville.

George Allen Davies, (*Gen. Pract.*), 359 St. James Bldg. Successor to the late Dr. H. R. Stout.

GEORGIA.

Atlanta.

Susan M. Hicks, (*Gen. Pract.*), 728 Candler Annex.
Spencer R. Stone, (*Gen. Pract.*), 716 Hurt Bldg

ILLINOIS.

Aurora.

Colwell & Bartlett, (*Gen. Pract.*), 23 S. Lake St.

Chicago.

Joseph P. Cobb, (*Paediat.*), 29 E. Madison St.
C. D. Collins, (*Dermatol.*), 108 N. State St.
G. M. Cushing, (*Surg.*), 6400 Harvard Ave.
Edgar J. George, (*Eye and Ear*), 801 Marshall Field Bldg.
H. V. Halbert, (*Medicine*), 22 E. Washington St.
Mary Elizabeth Hanks, (*Medical Gynecology*), 700 Marshall Field Bldg.
Burton Haseltine, (*Eye, Ear, Nose, Throat*), 122 S. Michigan Ave.
Sarah M. Hobson, (*Children*), 917 Marshall Field Bldg.
Chas. E. Kahlke, (*Surg.*), 32 N. State St.
B. A. McBurney, (*Gen. Pract.*), 247 N. Park Ave., Austin Sta.

Elgin.

Henry W. Dueringer, (*Gen. Pract.*), 161 Chicago St.

IOWA.

Sioux City.

S. W. Staads, (*Surg.*), Massachusetts Bldg.

MASSACHUSETTS.

Boston.

James Krauss, (*G. U. Med. and Surg., including Vener. Dis., Diag. and Op. Cystoscopy*), 419 Bolyston St.
George B. Rice, (*Nose, Throat, Ear*), 220 Clarendon St.

Springfield.

Plumb Brown, (*Gen. Pract.*), 503 State St.

MICHIGAN.

Detroit.

R. M. Richards, (*Med. & Obs.*), 602 Gas Office.

Grand Rapids.

Corda E. Beeman, (*Eye, Ear, Nose, Throat*), 210 Widdicomb Bldg.
Glen G. Towsley, (*Eye, Ear, Nose and Throat*), 709 Ashton Bldg.

Mt. Clemens.

Alfred Graham, (*Nerv. Dis. Hydrother.*), 58 N. Walnut St.
John A. Lenfesty, (*Hydrother. Chronic Dis.*), 58 N. Walnut St.

Muskegon.

George L. Lefevre, (*Surg. and Consult.*), Mason Bldg.

MINNESOTA.

Minneapolis.

H. C. Aldrich, (*Surg. Gyn. Obs.*), Donaldson Bldg.

MISSOURI.

St. Louis.

James A. Campbell, (*Eye, Ear, Nose, Throat*), Mermod-Jaccard Bldg.

NEW JERSEY.

Atlantic City.

M. D. and Thomas Youngman, (*Gen. Med. and Chron. Dis.*), 1618 Pacific Ave.

NEW YORK.

Albany.

J. I. Dowling, (*Eye, Ear, Nose, Throat*), 116 Washington Ave.

Buffalo.

Joseph T. Cook, (*General Practice*), 636 Delaware Ave.

Elmira.

Ermina Catherine Eddy, (*Gen. Pract.*), 500 William St.

New York City.

Royal S. Copeland, (*Eye, Ear, Nose, Throat*), 58 Central Park, W.
Wm. H. Dieffenbach, (*X-Ray Laboratory and Phys. Ther.*), The Rutland, 256 W. 57th St.
Joseph H. Fobes, (*Surg. Gyn.*), 1 W. 68th St.
F. St. Clair Hitchcock, (*Electro-Therap.*), 616 Madison Ave., Cor. 58th St.
Elizabeth Hamilton Muncie, (*Sanitorium, Chronic Dis., Orif. Surg.*), 119 Macon St., Borough of Brooklyn.
Homer I. Ostrom, (*Surg. Gyn.*), 130 W. 57th St.
Geo. W. Roberts, (*Surg. Gyn.*), 170 W. 59th St.
Herbert Dana Schenck, (*Eye, Ear*), 75 Halsey St., Brooklyn.
Thomas Franklin Smith, (*General Practice*), 264 Lenox Ave. (between 123d and 124 Sts.).
John E. Wilson, (*Nerv. and Ment. Dis.*), 616 Madison Ave.

Rochester.

J. S. Barnard, (*Surg. Gyn.*), 393 Oxford St.

Saranac Lake.

J. H. Hallock, (*Tubercular Diseases*), 182 Broadway.

Schenectady.

Louis Faust, (*Gen. Pract. and Obs.*), 19 Jay St.

Yonkers.

Verner Kennedy. (*Gen. Pract.*), 169 Nepperhan Ave.

OHIO.

Marion.

C. E. Sawyer, (*Surg.*), 265 S. Main St.

Cleveland.

Hudson D. Bishop, (*Obs. Gyn.*), 760 Rose Bldg.
J. Richey Horner, (*Ment. and Nerv. Diseases, Consultations*), 659 Rose Bldg.

Shelby.

Hiram Hulbert Metcalfe, (*Gen. Pract.*), 93 W. Main St.

PENNSYLVANIA.

Bryn Mawr.

Edwin Lightner Nesbit, (*Gen. Pract.*), 845 Lancaster Pike.

Easton.

Charles Spencer Kinney, (*Sanitarium, Nerv. Dis.*), Taylor Ave.

Erie.

Homer Griswold, (*Gen. Pract.*), 21 E. 8th St.

Philadelphia.

Norman S. Betts, (*Gyn. and Gen. Med.*), 1609 Girard Ave.
Eva M. Blake, (*Dis. Wom. and Child.*), 190 Maplewood Ave.
Mary A. Cooke, (*Obs., Gyn., Gen. Pract.*), 2113 N. 18th St.

THE WALTER SANITARIUM

WALTERS PARK, PA.

In the Mountains of Pennsylvania, 300 Acre Park. Less than Four Hours from New York, 94 minutes from Philadelphia, 1 hour from Harrisburg, 20 Minutes from Reading, all without charge.

For thirty-seven years this first American Sanitarium has been steadily growing in popular favor for the success of its methods, as well as the beauty and healthfulness of location, which are unexcelled, if, indeed, equaled, in America.

A True Rest Cure

Among the most beautiful surroundings to be found anywhere. Baths, Massage, Electricity, Movement Cure, wholesome Dietary. Terms very moderate for the accommodations. Circulars and catalogue free.

Address as above.

ROBT. WALTER, M. D.

Private Maternity Home

For deserving unfortunate, unmarried girls. Quiet, homelike, exclusive, protective, strictly ethical. Good homes for infants provided if desired. Rates reasonable. Correspondence and co-operation solicited from physicians. Address, Rose Massoth, R. N. Supt., Argo Lying-In Hospital, Argo, Illinois, Cook County. Phone, Summit 178-M.

Green Gables

The Dr. Benj. F. Bailey

Sanitarium

Lincoln, Nebraska

Largest and Best Equipped Institution of its kind in the Central West. Write for Illustrated Literature.

DR. WISWALL'S *SANATORIUM*

"THE WELLESLEY NERVINE"

A health resort for invalids afflicted with nervous and mild mental disease. New building in the midst of twelve acres of high land, partly covered with beautiful oak and pine trees. Every facility for comfort and treatment.

A study and experience of over twenty years in the specialty of nervous diseases is combined with an attractive home and the necessary advantages of a private hospital.

For particulars, address

Dr. Edward Hastings Wiswall, Wellesley, Mass

ATLANTIC CITY N.J.

WRITE FOR A BOOKLET

HAHNEMANN HALL FOR THE CARE OF THE INVALID

A.W.BAILY.M.D.

Professional Directory (continued)

William Erwin, (*Gyn., Medical and Surgical*), 4844 Cedar Avenue.

VIRGINIA.
Richmond.

Wellford B. Lorraine, (*Gen. Pract.*), 105 W. Grace St.

WASHINGTON.
Seattle.

Ernest E. Beckett, (*Gen. Pract.*), 317 Lumber Exchange Bldg.

E. Weldon Young, (*Surg. Gyn.*), Cobb Bldg.

CLASSIFIED ADVERTISEMENTS

Classified Advertisements will be inserted in these columns at a price of $1.00 for 30 words or less, additional words 3c each. Free insertion will be given under the following headings: WANTED—Apparatus, Assistant, Books, Intern, Location, Partner, Situation. A fee of 15c is charged advertisers if answers are sent care of *Journal*. Price for Name, Specialty and Address in Professional Directory, $2.00 per year. Copy should reach this office by the 20th of the month preceding date of issue. *Remittance must accompany order.*

Journal of the American Institute of Homoeopathy,
917 Marshall Field Bldg., Chicago, Ill.

FOR SALE—Surgical and Medical Hospital, located in New Hampshire, 15 beds with room for more. First class opportunity for man wishing surgical field. Surgeon in adjoining town brings patients. All modern equipped. Property is excellent investment. Address W. P., Journal.

POSITION—In Sanitarium or Health Resort, by capable diagnostician, nervous and chronic, 16 years general practice sanitarium work and own institution. Capable director and manager. Address P. W., care Journal.

FOR SALE—$3,800.00 practice, in good Iowa location, for price of office equipment. Will introduce successor. Price reasonable. Address W. M., care Journal.

WANTED—To purchase a practice in a prosperous town in Pennsylvania within 50 or 60 miles of Philadelphia, or would like to assist a busy practitioner, with a view of succeeding him later. Address H. E. C., Journal.

WANTED—A clean, capable young man to take my work for the winter while I am in the South. The proposition of a partnership at the end of that time is open to the right man. Address S. H. Hilliard, M. D., Warren, Ill.

POSITION—Physician, male, single, of ten years' experience in institutional and general practice, desires new location. Would consider an assistant's position, a partnership, or new location where there is need for a homœopathic physician. No money to put into any proposition. Have fully equipped office. Address J. K., care Journal.

THE

Hahnemann Medical College and Hospital

of Philadelphia

Offers Unexcelled Facilities for Clinical and Laboratory Instruction.

The Institution offers a pre-medical preparatory year and a standard four years' course of studies in medicine. The candidate on graduation receives the degree of "Doctor of Medicine" and the special degree "Doctor of Homœopathic Medicine" as granted by the charter of the State of Pennsylvania.

New laboratories, a hospital of 300 beds under complete control of the medical school, and ward and dispensary work in small sections enhance the amount of individual instruction.

CLINICAL OPPORTUNITIES

Last year the Hahnemann Hospital admitted and treated in all its departments over 25,000 patients. This abundance of clinical material is all directly available for teaching purposes, which includes Clinical Lectures, Sectional Clinics, Ward Classes, Individual Ward Work, Dispensary Work and Clinical Laboratory Work in all its branches under direct supervision.

The College also has the advantage of affiliation, for teaching purposes, with The Children's Homœopathic Hospital, St. Luke's Homoeopathic Hospital, The West Philadelphia General Homoeopathic Hospital, Allentown Hospital for the Insane and Municipal Hospital for Contagious Diseases.

Special attention is directed to the Department of Materia Medica and Therapeutics. The munificent endowment of Mr. Walter E. Hering has established for all time the Constantine Hering Chair of Homoeopathic Materia Medica, Therapeutics and Pharmacology.

Post Graduate instruction is offered the Profession in the laboratories, wards, dispensaries and in the specialties throughout the year.

Correspondence is solicited.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL
No. 266 North Broad St., Philadelphia, Pa.
WILLIAM B. VAN LENNEP, A. M., M. D., F. A. C. S., Dean.
SAMUEL W. SAPPINGTON, M. D., Registrar.
JOHN J. TULLER, M. D., Secretary.

To call a shovel a spade does not mean that one is as good as the other for all kinds of work.
There are many forms of Iron, but the most effective in severe Anemia is that supplied in

Hemaboloids—

Arseniated (with Strychnia)

which, with such adjuvants, is absorbed and acts without delay or irritation.

The Palisade Mfg Co.,
Yonkers, N.Y.

Valentine's Meat-Juice

Easily Assimilated, Restorative and **Strengthening** when other food fails

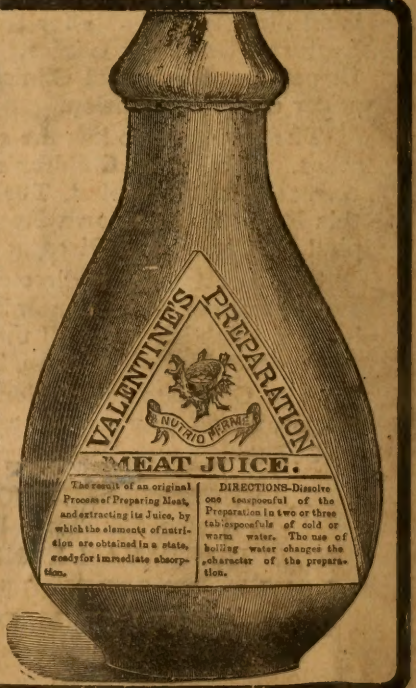
Opinions

Alfred E. Hawkes, *Medical Officer, Hahnemann Hospital, Liverpool:* "In the acute Diarrhoea of Children, VALENTINE'S MEAT-JUICE has rendered me signal service."

H. R. Chislett, M. D., *Pres. and Professor of Surgery, Hahnemann Medical College and Hospital, Chicago:* "We have used VALENTINE'S PREPARATION OF MEAT-JUICE both in hospital and private practice, with satisfaction to ourselves and to our patients."

For sale by Druggists and Chemists everywhere

VALENTINE'S MEAT-JUICE CO.
Richmond, Virginia


VALENTINE'S PREPARATION
NUTRIO MERIM
MEAT JUICE.
The result of an original Process of Preparing Meat, and extracting its Juice, by which the elements of nutrition are obtained in a state, ready for immediate absorption.
DIRECTIONS-Dissolve one teaspoonful of the Preparation in a two or three tablespoonfuls of cold or warm water. The use of boiling water changes the character of the preparation.